

# HIGHGROVE SURGERY – GMS1 Registration Form

PLEASE COMPLETE IN BLOCK CAPITALS AND WRITE CLEARLY,  
ILLEGIBLE ENTRIES WILL DELAY YOUR REGISTRATION!  
ALL PHONE NUMBERS MUST HAVE 11 DIGITS. THANK YOU.

Title Mr   
Mrs   
Miss   
Ms   
Other \_\_\_\_\_

Surname \_\_\_\_\_

First Names \_\_\_\_\_

Previous Surname \_\_\_\_\_

Date of Birth /\_\_\_\_/\_\_\_\_ NHS No

Town & Country of birth \_\_\_\_\_

Current Home address \_\_\_\_\_

Postcode

Home Telephone **020**   or

Mobile Telephone

Work Telephone \_\_\_\_\_

Personal e-mail \_\_\_\_\_

Preferred Language \_\_\_\_\_

If you were registered with your current GP at another address than the one given above, please give us your previous address:

\_\_\_\_\_  
\_\_\_\_\_

If you have not had a GP in the UK before please give the date of arrival in the UK: /\_\_\_\_/\_\_\_\_

Please give us the name and address of your current GP / GP Practice

\_\_\_\_\_  
\_\_\_\_\_

## FOR HIGHGROVE SURGERY STAFF USE ONLY

Interpreter required? YES  No  Staff Id \_\_\_\_\_

Photo ID: Passport  Driving License  Other \_\_\_\_\_

Proof of residence: Utility Bill  Council Tax Bill  Other \_\_\_\_\_

Registration Medical Appointment /\_\_\_\_/\_\_\_\_ at : am/pm