

Beech House Surgery

For Office Use:
 Reception: _____
 Data: _____

New Patient Registration Form

| | | |
|---|----------------|-------------|
| SURNAME: | Mr/Mrs/Ms/Miss | FORENAME(S) |
| DATE OF BIRTH: | PHONE: | MOBILE: |
| We may like to contact you by text with appointment reminders and other information. Please indicate if you are willing to be contacted in this way. YES/NO (9NdP /9NdQ) | | |
| EMAIL ADDRESS: | | |
| We would like to contact you by email from time to time with information and occasional questionnaires about your experience of our services. Please indicate if you are willing to be contacted in this way YES/NO (9NdS) | | |

Do you have any communication needs? If so please let us know below;

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| ONLINE SERVICES |
| Patients can access Appointment Bookings & Cancellations and Repeat Prescription Requests online. |
| Do you wish to have a Logon and Password to allow you to access these services? YES/NO (please delete as required) |

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| ELECTRONIC PRESCRIPTION SERVICE |
| Would you like your prescriptions sent to a pharmacy of your choice electronically? YES/NO <small>If 'Yes' please indicate the name & address of the pharmacist below.</small> |
| Name & Address of Pharmacy: |

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|--|-----------------------|---------------|
| ORGAN/BLOOD DONOR: | | |
| Do you want to be an organ donor? YES/NO ? <small>If Yes please complete the reverse of the purple GMS1 form.</small> | | |
| Do you want to be a blood donor? YES/NO ? <small>If Yes please complete the reverse of the purple GMS1 form.</small> | | |
| NEXT OF KIN (name & contact info, relationship to you) | Name: | Relationship: |
| | Contact Telephone No: | |

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|--|------------------------------------|
| CARER'S: | |
| A Carer is defined as a person of any age, adult or child, who provides unpaid support to a partner, child, relative, or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. | |
| Are you a carer? YES/NO | Do you have a carer? YES/NO |
| Carer's Name and Address: | |

ID: We are required to validate individual ID for all new registrations. Please provide an original of either (please indicate)

Driving Licence (photographic) OR Passport OR Birth Certificate

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|--------|-------|
| Signed | Date: |
|--------|-------|