

Beech House Surgery

For Office Use:
Reception: _____
Data: _____

New Patient Registration Form

Welcome to Beech House Surgery

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)

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)

ELECTRONIC PRESCRIPTION SERVICE

Would you like your prescriptions sent to a pharmacy of your choice electronically? **YES/NO**
If 'Yes' please indicate the name & address of the pharmacist below.

Name & Address of Pharmacy: _____

ORGAN/BLOOD DONOR:

Do you want to be an organ donor? **YES/NO** ? If Yes please complete the reverse of the purple GMS1 form.

Do you want to be a blood donor? **YES/NO** ? If Yes please complete the reverse of the purple GMS1 form.

NEXT OF KIN (name & contact info, relationship to you)

Name: _____ Relationship: _____

Contact Telephone No: _____

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

Signed _____

Date: _____