



**Parkfield Medical Centre**

## **Family Doctor Services Registration**

Feel free to complete this form at your convenience but please note that it is a contract and as such **it must be signed in front of a staff member at Parkfield Medical Centre.**

**Patient's details**

Please complete in **BLOCK CAPITALS** and tick  as appropriate

Mr    Mrs    Miss    Ms   Surname \_\_\_\_\_  
 Date of birth \_\_\_\_\_ First names \_\_\_\_\_  
 NHS No. \_\_\_\_\_ Previous surname/s \_\_\_\_\_  
 Male    Female   Town and country of birth \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Telephone number \_\_\_\_\_

**Please help us trace your previous medical records by providing the following information**

Your previous address in UK \_\_\_\_\_ Name of previous doctor while at that address \_\_\_\_\_  
 \_\_\_\_\_ Address of previous doctor \_\_\_\_\_  
 \_\_\_\_\_

**If you are from abroad**

Your first UK address where registered with a GP \_\_\_\_\_  
 \_\_\_\_\_  
 If previously resident in UK, date of leaving \_\_\_\_\_ Date you first came to live in UK \_\_\_\_\_

**If you are returning from the Armed Forces**

Address before enlisting \_\_\_\_\_  
 \_\_\_\_\_  
 Service or Personnel number \_\_\_\_\_ Enlistment date \_\_\_\_\_

**If you are registering a child under 5**

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

**If you need your doctor to dispense medicines and appliances\***

*\*Not all doctors are authorised to dispense medicines*

- I live more than 1 mile in a straight line from the nearest chemist
- I would have serious difficulty in getting them from a chemist

Signature of Patient    Signature on behalf of patient   Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_