

# **PATIENT GUIDELINES FOR COMPLETING A REGISTRATION FORM (GMSW 1)**

**February 2016**



**GIG**  
CYMRU  
**NHS**  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Gofal Sylfaenol  
Shared Services  
Partnership  
Primary Care Services



## PATIENT DETAILS

- Mr Mrs Miss Ms –** Tick the appropriate box according to your marital status.
- Surname –** Surname or family name. Make sure the spelling given is the same that appears on your passport, driving licence or Home Office paperwork.
- Date of Birth -** The date you were born. Please enter the day then the month and then the year within the boxes given.
- Forename -** Please make sure the spelling given is the same that appears on your birth certificate or passport.
- Previous Surnames –** If you are married please state your maiden name or if you have changed your surname/family name at any time please state your previous surname/family name.
- NHS Number -** If you know your NHS Number which can be found on a medical card/letter, please write it down in the boxes provided. You will not have one if you have not been registered with a doctor in the UK before. NB – this is not your National Insurance Number. If you are not aware of your NHS number, you may have a Form WP4 which contains your number

**Mother's Maiden Name -** Enter If known

**Male/Female -** Please tick appropriate box.

**Town and Country –  
of Birth** Enter for example, Cardiff, UK  
If you were born abroad please state the place and country, for example, Mumbai India.

**Home Address -** Print clearly your full postal address. If you are living in a property that is divided into flats, please state clearly the flat name/number and the road, street, avenue etc.

**Post code -** You need to print clearly a full post code. Your address is incomplete without a postcode. An example is CF46 6HL.

*If your address details are not filled in clearly and correctly this could create a delay in receiving your medical records from your previous UK doctor if you have one, or even result in you being taken off the practice list if we cannot contact you.*

**Telephone Number -** Please enter as many forms of contacting you by phone, e.g. home telephone number, mobile, work phone numbers if available.

## **MEDICAL RECORDS CAN BE TRACED MORE EFFICIENTLY BY PROVIDING THE FOLLOWING INFORMATION**

### **Your previous address in UK –**

If you were previously registered with a GP practice in the UK then please write the address you were living at when registered. If you have left the country and are now returning again please write the address where you were last registered with a GP practice within the UK.

*Please note - If to your knowledge you have never been registered with a GP practice then please state your previous address where you were living.*

### **Name of previous Doctor while at that address –**

If known, please state the Doctors name within the GP practice where you were registered.

### **Address of previous Doctor –**

If known, please state the address of the GP Practice. If just arriving into the country and you are unsure if you have been registered with a GP practice, still state the area where you may have visited a GP.

## **IF YOU ARE FROM ABROAD**

### **Your first UK address where registered with a GP-**

If you are returning back to the UK please state the address where you were last registered with a GP practice within the UK.

### **If previously resident in UK, date of leaving –**

If you have visited the UK previously and you are now returning back to the UK, please state the date you left the UK.

### **Date you first came to live in UK –**

If you have arrived in the UK for the first time, please state the date you arrived. If you are returning back to the UK, please state the date you arrived but remember to also fill in the date you left.

## **IF YOU ARE RETURNING FROM THE ARMED FORCES**

(This should only be completed if you are returning from serving as a member of the UK Armed Forces, otherwise please ignore this section.)

**Address before enlisting –** Please state the address where you were last registered with a GP before enlisting. Please ensure you are discharged as opposed to on leave before registering as temporary treatment would apply otherwise.

## **Service Personnel**

**Number** – This can be found on your discharge papers.

**Enlistment Date** – This can be found on your discharge papers.

### **NHS INDIVIDUAL HEALTH RECORD OPT OUT**

If you want to opt out of the Individual Health Record and prevent emergency care medical staff being able to access your key medical information then tick the relevant box on the GMS1W form.

*Further information is available by visiting [www.wales.nhs.uk/individualhealthrecord](http://www.wales.nhs.uk/individualhealthrecord) or by calling NHS Direct on 0845 4647.*

### **NHS ORGAN DONOR REGISTRATION**

To become an organ donor in Wales you can register a decision on the NHS Organ Donor Register as to what parts of your anatomy you wish to donate or tick the relevant boxes on GMS1W form.

If you do not want to become an organ donor you can register this decision on the Organ Donor Register. For more information, visit the website [www.organdonationwales.org](http://www.organdonationwales.org) or call 0300 123 2323.

### **BLOOD DONOR REGISTER**

If you wish to join the NHS Blood Donor Register tick the relevant box on GMS1W form.

## **REGISTERING WITH A RURAL PRACTICE**

### **'If you need your doctor to dispense medicines and appliances' -**

Please discuss with surgery staff who will advise on dispensing arrangements and where you can have any prescription that you are given dispensed.

**Signature of Patient** – Please sign GMS1 form and tick the box to say if you are the patient, or if you are representing the patient please tick the box 'signature on behalf of patient' (practice staff are not permitted to sign on behalf of the patient).

**Date** - Please enter the current date on signing the form.