

your full name

My Name



.....

any previous name(s) you've had

My Old Name



.....

your date of birth



.....

your NHS number



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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are you female or male?



female

male

## your place of birth (town | country)



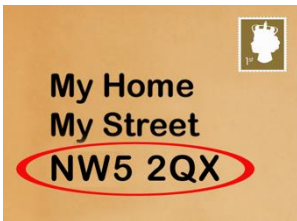
..... | .....

## your address



.....  
.....  
.....

## your postcode



.....

## your contact details




home.....  
mobile.....  
work.....  
email..... @ .....

## your previous address in UK



.....  
.....  
.....

**name and address of your GP when you lived at your old address**

**My GP** 

**GP Surgery**  
**Street**  
**Postcode**



.....

.....

.....

.....

.....

**your first UK address where you registered with a GP**

**My first home**  
**My first street**  
**My first town**  
**My first postcode**



.....

.....

.....

.....

.....


**date you left UK if you lived here before**



**Date**  
?

.....

**date you first came to live in UK if not born here**



**Date**  
?

.....

if you are returning from the Armed Forces

My Home  
My Street  
My Postcode

Date  
?



your address before you joined up

.....  
.....  
.....

date you joined up

.....

your Service Number

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if you are registering a child under 5



I would like the child above to be registered with the doctor for **Child Health Surveillance**

yes

no

if you need your doctor to dispense (give out) medicines and equipment. Please note, not all doctors can do this



I live more than **1 mile** in a straight line from the nearest chemist

yes

no



I would find it very hard to pick these up from a chemist

yes

no

### your communication support needs



Do you need any help with communication or information?

- large print or easy read info
- hearing / BSL
- interpreter



What help do you need?

.....

.....

.....

can we share your support needs info  
with other health services?



yes

no

Please sign and date below

**signed** .....

**signed on behalf of patient**

.....

**date** .....

*S Yourname*



## NHS organ donor registration



do you want to sign up to donate your organs to help other people when you die?

yes

no



You can find out more about donating your organs at [www.uktransplant.org.uk](http://www.uktransplant.org.uk)



or you can phone **0300 123 23 23**

if you said **yes** to organ donation, please sign and date below

signed.....

date.....

*S Yourname*



## NHS blood donor registration



**Give Blood**



do you want to sign up to be a blood donor?

yes

no

have you given blood in the last **3 years**?

yes

no

you can find out more about giving blood by asking for the leaflet about joining the **NHS Blood Donor Register**

if you said **yes** to being a blood donor, please sign and date below

signed.....

date.....

