**New Registration checklist for patients**

1. **Do you reside in our catchment are?**

Before completing the attached forms please check if you reside in our catchment area. You can check online by visiting <https://www.alynfamilydoctors.co.uk/register/>. Alternatively, you can provide your postcode to our patient advisers and they will check for you.

1. **Completing your registration from**

Please complete the GMS1 Form. Please ensure each section is completed.

***GMS1 Form checklist***

* *Title*
* *Surname*
* *First Name*
* *NHS number*
* *Date of Birth*
* *Previous Surname if there has been a surname change*
* *Gender*
* *Country and town of birth*
* *Mothers’ maiden name*
* *Address including postcode*
* *Phone Number*
* *Previous GP including surgery address* ***if*** *you have been registered with the NHS previously.*
* *Previous address* ***unless*** *this is the first address you are using in the NHS.*
* *Date you arrived in the UK,* ***if*** *not born in the UK*
* *If you have previously served in HM armed forces, please complete the relevant section.*
* *GMS1 form DATED and SIGNED*

1. **New Patient Questionnaire**

If you are over the age of 16 years, please complete the new patient questionnaire by answering all questions. Detailing any medical history and medication.

1. **Do you require a repeat prescription?**

If you currently receive any repeat prescription items, please provide proof of medication or items. This can be a printed summary from your previous GP or a copy of your repeat medication slip.

1. Please present with proof of your current address this can be in the form of a council tax bill, utility bill, bank or credit card statement, TV licence or driving licence. Please note any letter must be dated within the last 3 months.

All the above, must be completed in full and presented at Reception to a patient advisor at either of our surgeries.

**Thank you for your cooperation.**

**New patient registration checklist to be completed by a member of staff**

GMS1 form completed in full

* + *Title*
  + *Surname*
  + *First Name*
  + *NHS number*
  + *Date of Birth*
  + *Previous Surname if there has been a surname change*
  + *Gender*
  + *Country and town of birth*
  + *Mothers’ maiden name*
  + *Address including postcode*
  + *Phone Number*
  + *Previous GP including surgery address* ***if*** *you have been registered with the NHS previously*
  + *Previous address* ***unless*** *this is the first address you are using in the NHS*
  + *Date you arrived in the UK,* ***if*** *not born in the UK*
  + *If you have previously served in HM armed forces, please complete the relevant section.*
  + *GMS1 form DATED and SIGNED*

Visual of proof of address and check address is within our catchment. This does not need to be copied or kept on file.

New Patient questionnaire completed in full, please check if patient takes any prescription medication.

Proof of medication (if required) and staple to form.

**Received and checked by:**

|  |  |
| --- | --- |
| Name: | Date: |
| Signature: |  |