**ADULT REGISTRATION – OVER 16**

Please ensure that the following is brought in with you along with the completed GMS1 form. Failure to do so could lead to a delay in registering you at the practice.

* **Proof of ID**
* Passport does not have to be in date
* Driving Licence
* ID Card (Poland / Lithuania / Romania)
* **Proof of Address**
* Dated within the last 3 months , for example Utility Bill, Council Tax, Bank Statement
* **GMS1 – Check all information is completed**
	+ Name
	+ Previous Surname (i.e. Maiden Name – marriage certificate. If name change via Deed Poll or Divorce – original documents required)
	+ Date of Birth
	+ NHS Number
	+ Town and Country of Birth
	+ Address
	+ Telephone Number
	+ Previous Address
	+ Previous GP
	+ Signature & Dated

**If you are from abroad, ensure you complete the section titled ‘If you are from abroad’.**

* We require the address you first came into the UK
* If previous resident in the UK the date of leaving
* The date you entered the UK

**If you are homeless** **or recently released from prison – We can register you as an IMMEDIATE NECESSARY.**

* **NEW PATIENT QUESTIONNAIRE**
* **ON-LINE SERVICE FACILITY**: **YES / NO**

This service allows you the facility to: - Order Prescriptions / Make & Cancel Appointments.

* Please contact the surgery in one weeks’ time upon which your registration with the Surgery will be completed and you will be able to bring in your Passport/Driving License in order for us to set this up and provide you with a login and password.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For Office Use Only**

The following information has been verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 2 Proofs of ID
* Proof of Address
* GMS1 – Check all information is completed
* Abroad – details completed and date entered country
* GMS1 form Signed & Dated
* New Patient Questionnaire (NPQ) completed, signed & dated
* Check Alcohol limits have been indicated on the NPQ
* Confirmed Beechwood Surgery Practice Booklet Given
* Confirmed if patient would like on-line service facility