

PARK LEYS MEDICAL PRACTICE

REGISTRATION PROCEDURE

Thank you for choosing to register with Park Leys Medical Practice.
In order to register, we require you to complete the attached forms and provide ID and evidence of your address.

With your registration paperwork you should have;
GMS1 – Family Doctor Services Registration Form (Purple Form)
New Patient Questionnaire
Practice Leaflet with surgery information & opening times
Form to nominate a pharmacy for electronic prescriptions

When you have completed all the forms, please bring all the paperwork to the surgery between the hours of 10.30 and 17.30, Mon – Fri, along with the relevant ID, (see lists below). A receptionist will check the paperwork and check and copy the ID and proof of address.

If you have just moved to a new address, a tenancy agreement or mortgage document will be required. This must show the name of each adult registering.

If you are on regular medication, we will need a list of this which you can obtain from your current GP (or provide us with the back page of your prescription).

Also, please take time to do a BP reading, (a machine is available in reception for this and no appointment is necessary).

Eligibility for NHS Treatment

You should be a resident in the UK or be on holiday from a country that has a reciprocal agreement with the UK. Please ask if you are unsure as charges may be incurred if you are not eligible for NHS treatment.

Registering Children

We require information regarding childhood immunisations. In the UK this information can be found in the red book that all children are issued with at birth. If you have moved here from outside the UK, any documentation you hold of childhood immunisations will be required.

FOR OFFICE USE ONLY

List A Photo ID	Document Type	Copy taken Y/N	If no copy taken please give details eg. Passport No.
	Passport		
	Photo Driving Licence		
	Official Photo ID		
	Other		

List B Proof of Address	Document Type	Copy Taken Y/N	If no copy taken please give details eg. Ref No
	Utility Bill(Not mobile phone bill)		
	Bank Statement		
	Other		
NB Document must be dated within the last 3 months			

BP Reading Attached	Copy of Medication Attached
Y/N	Y/N

STAFF MEMBER	NAME:	DATE:
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