

Family doctor services registration

Use this form for:

Patient's application to join a family's doctor's list for self, child or someone who is unable to complete the form themselves

- 1 Reference box (optional)** Space to enter submission date of claim or the practice's own reference. NHS England may quote this reference in the event of a queried claim.
- 2 NHS Number** Space has been provided for the new 10 digit NHS numbers. If unknown or prior to the new numbers being allocated to a patient please enter the existing NHS number. If neither is known please ensure the date of birth is entered.
- 3 Patient's signature** If forms are completed on behalf of the patient by the doctor or practice staff please ask patient/patient's representative to check all entries before signing the GMS1. This signature should only be requested on completion of the form.
- 4 Ethnic group** The Covid-19 pandemic has had a disproportionate impact on people from ethnic minority communities. The NHS is committed to ensuring that the data we hold on patient ethnicity is timely and complete to help to deliver equality of opportunity for those who face health inequalities. Holding accurate data in primary care is an essential part of this work.
- 5 Practice code** The practice's unique identifying code assigned by NHS England.
- 6 Authorised signature** Please ensure that the declaration is read before signing.
- 7 Practice stamp (optional)** Space for practice stamp or for entering name of practice.
- 8 Supplementary questions (optional)** to help determine an overseas patient's eligibility to free NHS secondary healthcare.
- 9 Patient Declaration** Where a patient completes the supplementary questions, please ask the patient to sign this section of the form. This signature should only be requested on completion of this section of the form.
- 10 EU patients** Space for the patient to record details of their non-UK European Health Insurance Card, Provisional Replacement Certificate or indicate they are in possession of an S1 form (form to be requested by the practice where indicated).

NHS Family doctor services registration GMS1 1

Patient's details Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth: / / First names
 NHS No. 2 Previous surname(s)
 Male Female Town and country of birth
 Home address
 Postcode Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK Name of previous GP practice while at that address
 Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving: / / Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)
 Address before enlisting: / / Postcode

Service or Personnel number: / / Discharge date: / / (if applicable)
 Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist *Not all doctors are authorised to dispense medicines
 I would have serious difficulty in getting them from a chemist
 Signature of Patient Signature on behalf of patient
 Date: / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:
 Any other white background (please write in):
 White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in):
 Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in):
 Asian or Asian British: Indian Pakistani Bangladeshi 4
 Any other Asian background (please write in):
 Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in):
 Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in):
 Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

062021_006 Product Code: GMS1

NHS Family doctor services registration GMS1

To be completed by the GP Practice

Practice Name Practice Code 5

I have accepted this patient for general medical services on behalf of the practice

I will dispense medicines/appliances to this patient subject to NHS England approval. 5

I declare to the best of my belief this information is correct

Authorized Signature Practice Stamp
 Name Date / / 7

SUPPLEMENTARY QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being 'ordinarily resident' broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area (EEA) will also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

a) understand that I may need to pay for NHS treatment outside of the GP practice
 b) understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
 c) do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.
 A parent/guardian should complete the form on behalf of a child under 16.

Signed: / / Date: / /
 Print name: 9 Relationship to patient:
 On behalf of: / /

Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC? YES: NO: If yes, please enter details from your EHIC or PRC below:

Country Code:
 3: Name
 4: Given Names
 5: Date of Birth: / /
 6: Personal Identification Number
 7: Identification number of the institution
 8: Identification number of the card
 9: Expiry Date: / / 10

PRC validity period (a) From: / / (b) To: / /

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.
 Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

062021_006 Product Code: GMS1

GMS1 practice record

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