

# 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

Application to join the NHS Blood Donor Register

Application to join the NHS Organ Donor Register

# NHS GMS1 user guide

- 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 NHS Organ Donor registration** Please explain the purpose of registration and that the law is changing so that they need to opt out if they do not want to become a donor. Point out that it's important they talk to their family about their organ donation decision, as they will be asked to support their decision. If the patient is undecided or does not want to become an organ donor, please refer them to the NHS Organ Donation website at [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or 0300 123 23 23.
- NHS Blood Donor registration** Please explain the purpose of registration and the need for all blood types, especially O negative and B negative. If patients are unsure about giving blood refer them to the blood donation website [www.blood.co.uk](http://www.blood.co.uk) or 0300 123 23 23.
- 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 EEA 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 surnames  
 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

**NHS Organ Donor registration **3****

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or  
 Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  
 Signature confirming my consent to join the NHS Organ Donor Register Date / /

**NHS Blood Donor registration **4****

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years   
 Signature confirming my consent to join the NHS Blood Donor Register Date / /

My preferred address for donation is: (only if different from above, e.g. your place of work)  
 / / Postcode  
 All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.

**NHS England use only** Patient registered for  GMS  Dispensing

020219\_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 **6** Name Date / / **7** Practice Stamp

**SUPPLEMENTARY QUESTIONS 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) 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)  I understand that I may need to pay for NHS treatment outside of the GP practice  
 b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHC, 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)  I 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 another EEA 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 EHC 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: / /  
 Name: / /  
 Given Names: / /  
 Date of Birth: / /  
 Personal Identification Number: / /  
 Identification number of the institution: / /  
 Identification number of the card: / /  
 Expiry Date: / /

**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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

GMS1 practice record

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