

LOCKSTOWN PRACTICE

PATIENT APPLICATION FORM

* Please see guidance notes on reverse of form BEFORE completing

1	GENDER	MALE [] FEMALE []										
2	SURNAME											
3	PREVIOUS SURNAME(S)											
4	FORENAME											
5	DATE OF BIRTH											
6	TITLE	MR MRS MISS MS REV										
7	HOUSE NAME (if any)											
8	House number & 1st line of address											
9	2 nd line of address (area)											
10	TOWN											
11	COUNTY											
12	POST CODE											
13	LANDLINE TELEPHONE NUMBER											
14	MOBILE NUMBER (*)											
15	NHS NUMBER (National Health Service)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
16	SPOKEN LANGUAGE											
17a	CARER											
17b	RELATIONSHIP											
18	PLACE OF BIRTH											
19	PREVIOUS GP	DR										
20	HEALTH AUTHORITY											
21	YOUR PREVIOUS KNOWN ADDRESS Including postcode											
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;">POST CODE</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	POST CODE									
POST CODE												
22	DATE ENTERING UK/...../..... Duration Of Stay. Months/years										
23a	NEXT OF KIN											
23b	ADDRESS											
23c	TELEPHONE NUMBER											
24	ANY OTHER DETAILS											
25	Early processing of application needed due to: (please circle)	I suffer from: Diabetes Heart Conditions Breathing Problems Other:										
26	Signature of patient or guardian If guardian: please state relationship to patient	_____ Date of completing the form: _____ Relationship to patient _____										
FOR OFFICE USE ONLY												
Application received by		Date received:										
Checked by PM		Letter sent to patient on										

How to complete this form. Please see reference numbers as stated	
1	Please tick the box to state whether you are male or female
2	State your present surname (last name)
3	If you have been married or have changed your name by deed poll – please state your last previous surname
4	Please state your forename as it appears on your birth certificate or passport.
5	Enter your full date of birth including the date, month and year
6	Please enter your title, marital status or position
7	If your house has a name – enter it here. i.e. Bramble Cottage
8	Enter the first line of your address including the house number
9	Enter the area of your address
10	Enter the town. i.e. Walsall, Willenhall
11	Enter the county. i.e. West Midlands
12	Enter your post code
13	Enter your house telephone number and dialling code. i.e. 01922 or 01902 followed by your number
14	Enter your mobile /Cell phone number: (*) Patients who submit this information will be registered with our FREE patient appointment reminder system.
15	Enter your NHS number: This is a 10 digit number that contains NO letters. It appears on your medical card. If you do not know your NHS number, please contact your previous GP surgery to obtain it. Applications will NOT be processed without it. This does not apply to immigrants.
16	Enter your first language followed by any other languages that you speak.
17a	If you are “looked after” enter the name of the person (applies to the elderly, infirm and disabled)
17b	State the relationship of the carer to the applicant
18	State the town that you were born in
19	State the name of the last doctor you were registered with
20	State the town of your last address. i.e. Wolverhampton, Walsall
21	State the address where you were living before the address on your application form, the post code must be included to enable us to trace your medical records.
22	Immigrants only: Please state the date, as stamped in your passport, the day you entered the country. Please also state the length of time you are legally able to stay. A photocopy of your passport will be needed before processing can take place. If you are only staying in this country up to 3 months, do not complete this form and ask at reception about becoming a temporary resident. All passport details will be checked with the Home Office any will take 10 days to process.
23a	Enter your next of kin, the person who should be notified in the event of death, a close relative, spouse or partner.
23b	Enter your next of kin’s address, if it is the same as your registering address, please enter “same as above”
23c	Enter a contact telephone number for your next of kin.
24	Please enter anything you may consider to help in tracing your medical records that has not already been asked
25	Please circle if you suffer from any of the following conditions or state other conditions. Priority will be given to patients with long-term illnesses on life supporting medications.
26	Please sign and date this form. If you are completing the form on behalf of an applicant, please first make sure that you have a legal right to do so and please state your relationship to the applicant.

What happens now?

1. Complete ALL sections; mark N/A (not applicable) in sections that do not apply. Failure to complete will result in delays in processing.
2. Present completed form to receptionist and pick up a copy of our practice booklet.
3. You will be notified by post within 14 days as whether you have been accepted or reasons for not being accepted
4. **Please do not fill in this form if you have been previously removed from this practice.** This does not apply to patients that have previously moved out of the area.
5. Check if we cover your address in our catchment area (map displayed on waiting room wall). Applicants that are out of our area will not be accepted and should not complete a form.
6. All patient acceptances, when notified by post, will need an appointment to see the Healthcare Assistant for a registration check-up, which is compulsory to becoming registered at this practice. You will not be eligible for our services until this registration process has taken place.