



**PARK AVENUE MEDICAL CENTRE
DRS DUFFY, DEUBEL & DAVAGE
*NEW PATIENT REGISTRATION***

Thank you for choosing to register as a patient at Park Avenue Medical Centre. The following aims to guide you through the registration process and ensure that you are seen by the relevant medical staff.

Please complete the following information and return to the administration assistant who will check the information and make the necessary appointments.

PLEASE NOTE YOU ARE NOT PERMANENTLY REGISTERED UNTIL YOU HAVE ATTENDED FOR YOUR NEW PATIENT MEDICAL AND BROUGHT THE OFFICIAL REGISTRATION FORMS COMPLETED AND SIGNED. THE GP WILL BE UNABLE TO SUPPLY YOU WITH REPEAT MEDICATION UNTIL YOU HAVE BEEN FULLY REGISTERED. YOU SHOULD ENSURE YOU HAVE ADEQUATE SUPPLIES FROM YOUR CURRENT PRACTICE.

First Name: _____ Surname: _____

Home address: _____

Postcode: _____

Date of birth (DD/MM/YYYY): _____

Home telephone: _____

Mobile telephone: _____

Work telephone: _____

Do you have you NHS Medical Card?

YES

NO

Do you require to see a GP now?

YES

NO

Are you currently on any repeat medication?
(please circle as appropriate)

YES NO

DATE OF ENTRY INTO THE UK (DD/MM/YYYY):

Please provide 2 forms of identification:

1. Photographic ID:
(Driving Licence, Student Card, Passport)

Type provided:

Checked by:

2. Address ID:
(letting missive, utility bill, council tax bill, bank statement, Benefit Agency letter)

Type provided:

Checked by:

The administration assistant will now make the appropriate appointments. If you do not have an NHS medical card you will be given form GPR which you should complete and sign. Please note if you wish to register for organ donation you are required to sign the GPR twice. You will also be given a New Patient Medical Questionnaire which you must complete as this is the only medical information we have until your notes are sent from your current practice.

Patient's signature: Today's date

IF YOU DO NOT ATTEND FOR YOUR NEW PATIENT MEDICAL YOUR REGISTRATION WILL NOT BE PROCESSED