**DR MAI BROWN, DR AF JOHNSON and DR VE HAMPTON**

**ALTON SURGERY**

Hurstons Lane,

Alton, Stoke on Trent, ST10 4AP

Tel: 01538 704 200

*Website*: [*www.altonsurgery.nhs.uk*](http://www.altonsurgery.nhs.uk/)

*Email:* [*altonsurgery@nhs.net*](mailto:altonsurgery@nhs.net)

Dear New Patient

Welcome to Alton Surgery.

We endeavour to register you promptly upon receipt of the completed forms so that we can begin to provide your healthcare. It is vital that **all** of the registration documents in this pack are completed thoroughly.

Please complete:

* The purple GMS1 form, making sure you have signed the form once completed. (You can find a helpful user guide on the back of this page)
* New Patient Questionnaire
* Online Services Access Information and Request Form

(Patients who are over 16 only)

To register you at the Surgery, we also ask that you provide photographic identity, such as a passport or driving licence and a document which states your current address e.g. bank statement (which must be dated within the last 3 months). Please note, if we do not see any photographic ID we will not be able to register you for access to the Online Services.

Once this pack is fully completed please return the forms to the surgery. This can be done via email, to altonsurgery@nhs.net, or in person. We ask that it is returned in an afternoon as this gives our Receptionist the time that is needed to accept your registration. Please note that registration forms returned by the postal service will not be accepted.

**All of the registration documents enclosed need to be completed in full. If the documents are returned to the surgery incomplete, we cannot process your registration.**

Thank you for your cooperation.

Alton Surgery

**GMS1 AND PATIENT INFORMATION SHEET**

**HELP GUIDE**

Please complete the following fields:

* Title, Date of Birth, NHS number (if you already have one, obtainable from your previous GP or medical record card) and Gender.
* Surname, First Names, Previous Names if any, Town and Country of Birth, Home address with postcode and Telephone numbers.
* Previous address in the UK and last GP. This information is vital in order for us to trace your medical records and we cannot register you without this.
* If you are moving here from abroad please enter the date you first entered the UK and your first UK GP practice. If you are returning from abroad and have previously been registered under the NHS please enter the date you left the UK and the date you returned to the UK.
* If you are returning from the Armed Forces please enter your address before enlisting and enlistment date.
* Please sign the form and print your name /relationship if signing on behalf of the patient.
* The law around organ donation has changed; you now need to opt out if you do not want to become a donor. If you are undecided or do not want to become an organ donor please head to the NHS Organ Donation website at www.organdonation.nhs.uk or call 0300 123 23 23 to opt out.
* Any patients who are not ordinarily resident in the UK please read and complete the Supplementary Questions section.
* Please complete the patient information sheet with as much detail as possible to enable us to update your medical record. Please indicate your Summary Care Records preference and sign the form.