

National health Service Number: \_\_\_\_\_

Surname: \_\_\_\_\_

All previous surnames: \_\_\_\_\_

All forenames: \_\_\_\_\_

All previous forenames: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Precise place of birth, Town, County and Country: \_\_\_\_\_

Is this the first time you have registered with a NHS doctor in the UK? \_\_\_\_\_ Yes/No

Have you ever resided outside the UK? \_\_\_\_\_ Yes/No

Is this your first permanent stay in the UK? \_\_\_\_\_ Yes/No

If YES – Please give the date of arrival in the UK: \_\_\_\_\_

Have you returned to this country from abroad? \_\_\_\_\_ Yes/No

If YES – Please give dates when you left the country and returned:

Date of Embarkation: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Have you been in the armed forces? \_\_\_\_\_ Yes/No

If YES – Please give date of enlistment (approx.) from: \_\_\_\_\_ to: \_\_\_\_\_

If you are a family member of service personnel, please give details of their rank, service number and full details of your previous SMO:

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Please give details of all your previous addresses where you were registered with an NHS doctor with approximate dates, also doctor's details if known:

Address + Postcode	Date From	Date To	GP's Name and Address

Continue overleaf if required.