

Patients aged 15 and over

# CHISLEHURST MEDICAL PRACTICE

## NEW PATIENT REGISTRATION

### IMPORTANT INFORMATION

**PLEASE READ AND ENSURE THAT YOU HAVE THE FOLLOWING**

**PLEASE TICK THE CHECK BOXES**

- Your NHS Number
  - Live within the Practice boundary
  - Provide proof of address (e.g. utility, phone bill, council tax bill)  
dated in last 3months
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#### For Office Use

- |                                  |                          |   |                          |
|----------------------------------|--------------------------|---|--------------------------|
| Address in area                  | <input type="checkbox"/> | Proof of Address  | <input type="checkbox"/> |
| Medical Card /<br>GMS 1 (NHS no) | <input type="checkbox"/> | Photo ID for online Access<br>(per individual request)                            | <input type="checkbox"/> |
| Reg form                         | <input type="checkbox"/> | Children under 5<br>HV form incl<br><u>names of ALL children in<br/>household</u> | <input type="checkbox"/> |
| Ethnicity                        | <input type="checkbox"/> |   |                          |

Checked by ..... Date .....

*We do not discriminate on the grounds of race, gender, social class, age, religion, sexual orientation or appearance, disability or medical condition*