FAMILY DOCTOR REGISTRATION SERVICES

HS 200

Central Services Agency

***(NOT FOR REGISTERING PATIENTS FROM OUTSIDE UK)**

Patient details — *Please complete in BLOCK CAPITAL AND TICK ✓ as appropriate*

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname .....

Date of Birth

First Names .....

Previous Surname/s .....

H+C No. (If known)

.....

☐ Male ☐ Female

Town and country of birth

.....

Current address

.....

.....

Postcode

Telephone No.

Please help us trace your previous medical records by providing the following information

Your previous address in UK .....

.....

.....

.....

Name of previous doctor while at that address

.....

Address of previous doctor

.....

Approximate date when you lived there .....

Did you get a Medical Card showing your previous address? Yes or No

***IF YOU HAVE LIVED IN EIRE OR OVERSEAS THIS FORM IS INAPPROPRIATE, YOU MUST COMPLETE FORM HS22X, AVAILABLE AT GP SURGERIES.**

If you are returning from the armed forces

Address before enlisting

.....

Service or Personnel number

Enlistment Date

Discharge Date

I declare that the information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken.

I understand that the Central Services Agency may be legally obliged to disclose the personal data included on this form to relevant statutory authorities for the purposes of prevention, detection and investigation of crime. Furthermore, I understand the Agency may also share this data with organisations responsible for delivering health and care services in order to facilitate the management of those services, in accordance with its notification under the Data Protection Act 1998.

Information about data security and confidentiality matters can be obtained from the Agency's Data Protection Co-ordinator: 2 Franklin Street, Belfast, BT2 8DQ, telephone 028 9053 5549.

☐ Signature of patient ..... ☐ Signature on behalf of patient.....

Date .....

Doctor's Name		**GP Code**	
Authorised Signature		**Date**	

NHS Organ Donor Registration (optional)

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas

Patient's signature.....(Confirming agreement to organ/tissue donation)

By joining the register you are giving your agreement for your organs and tissue to be used for transplantation to save or enhance the lives of others after your death. For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0845 60 60 400.