

IMPERIAL COLLEGE HEALTH CENTRE
All patients registering with us as their NHS GP
Please complete ALL SECTIONS in BLOCK CAPITALS

For office use only
 EMIS no:
 Initials:
 Date:

PERSONAL DETAILS

¹Sex Male Female ²Title Mr Mrs Other
 Miss Dr

³Family Name

⁴Calling Name

⁵ALL your First Names

⁶Previous Family Name

⁷Date of Birth

day	month			year	

⁸NHS Number (As stated on medical card)
 If not known, where possible please ask your current GP for this. Without it registration will take longer. Please note this is NOT your National Insurance Number

ADDRESS IN LONDON

⁹Room or Flat Number

--	--	--

 Flat number or Room number if in Halls. (NOT property number)

¹⁰House/Hall Name

¹¹Number and Street

¹²Post Code

¹³Mobile Tel

¹⁴Land Line

¹⁵Email

¹⁶Internal (IC) Tel Number

¹⁷ETHNICITY

- White British
- White other
- Black Caribbean
- Black African
- Black other
- Chinese
- Asian Indian
- Asian Bangladeshi
- Asian Pakistani
- Asian other
- White + Asian
- White + Black Caribbean
- White + Black African
- Other Mixed Ethnicity
- Other Ethnic Group
- Decline to say

Patients born in the UK

(Details from before coming to Imperial/RCM)

¹⁸Town of birth
If in London please give DISTRICT e.g. Ealing

YOUR PREVIOUS ADDRESS

¹⁹House No &

²⁰Street Name

²¹Town

²²Post Code

YOUR PREVIOUS GP

²³Name of most recent GP

²⁴Address
Address of most recent GP

Patients born outside the UK

(Details from before coming to Imperial/RCM)

¹⁸Country of birth

¹⁹Date of entry into UK

day	month			year	

IF YOU HAVE PREVIOUSLY BEEN REGISTERED WITH A UK DOCTOR (GP)

²⁰Name of most recent UK GP

²¹Address
Address of most recent UK GP

YOUR ADDRESS when registered with them

²²House No & Street Name
Your address when registered with most recent UK GP

²³Town

²⁴Post Code

²⁵Signature ²⁶Date

day	month			year	

If you are interested in being placed on the donor register, please speak to a member of staff.

Form GMS1

NHS GP Registration

Updated 8/08 DH

www.imperialcollegehealthcentre.co.uk