Family doctor services registration Please complete in BLOCK CAPITALS and tick as appropriate Patient's details Surname Mr Miss Ms Mrs Date of birth First names NHS Previous surname/s No. Town and country Male Female of birth Home address Postcode Telephone number Please help us trace your previous medical records by providing the following information Name of previous doctor while at that address Your previous address in UK Address of previous doctor If you are from abroad Your first UK address where registered with a GP If previously resident in UK, Date you first came to live in UK date of leaving If you are returning from the Armed Forces Address before enlisting Service or Enlistment Personnel number If you are registering a child under 5 I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance If you need your doctor to dispense medicines and appliances* *Not all doctors are authorised to I live more than 1 mile in a straight line from the nearest chemist dispense medicines I would have serious difficulty in getting them from a chemist Signature of Patient Signature on behalf of patient Please bring ID to prove your identity plus evidence of your address in Horsham. Acceptable forms of identification are: -Photo Driving license/passport/birth certificate -Bank or building society statement in your name showing your Horsham address -Utility bill in your name showing your Horsham address -Lease/tenancy agreement/rent book

More forms: http://tinyurl.com/zuncaf9

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Outcome
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- Patient feedback: NHS Choices:

"Always able to get through on the local phone number, appointments and extra diagnostic tests readily available to suit my busy schedule. Nothing is ever too much trouble for the reception staff...

Thankyou."



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Family doctor services registration Family doctor services registration Patient's details Please complete in BLOCK CAPITALS and tick as appropriate Patient's details Please complete in BLOCK CAPITALS and tick as appropriate Surname Surname Mrs Miss Ms Mr Ms Mrs Miss Date of birth First names Date of birth First names NHS Previous surname/s NHS Previous surname/s Town and country Town and country Male Female Male Female of birth Home address Home address Postcode Telephone number Postcode Telephone number Please help us trace your previous medical records by providing the following information 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 Your previous address in UK Name of previous doctor while at that address Address of previous doctor Address of previous doctor If you are from abroad If you are from abroad Your first UK address where registered with a GP Your first UK address where registered with a GP Date you first came If previously resident in UK, If previously resident in UK, Date you first came to live in UK date of leaving date of leaving to live in UK If you are returning from the Armed Forces If you are returning from the Armed Forces Address before enlisting Address before enlisting Service or Enlistment Enlistment Service or Personnel number date Personnel number If you are registering a child under 5 If you are registering a child under 5 ☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance If you need your doctor to dispense medicines and appliances* If you need your doctor to dispense medicines and appliances* *Not all doctors are *Not all doctors are authorised to authorised to ☐ I live more than 1 mile in a straight line from the nearest chemist ☐ I live more than 1 mile in a straight line from the nearest chemist dispense medicines dispense medicines I would have serious difficulty in getting them from a chemist I would have serious difficulty in getting them from a chemist Signature of Patient Signature on behalf of patient Signature of Patient Signature on behalf of patient Please bring ID to prove your identity plus evidence of your address in Horsham. Please bring ID to prove your identity plus evidence of your address in Horsham. Acceptable forms of identification are: Acceptable forms of identification are: -Photo Driving license/passport/birth certificate -Photo Driving license/passport/birth certificate -Bank or building society statement in your name showing your Horsham address -Bank or building society statement in your name showing your Horsham address -Utility bill in your name showing your Horsham address -Utility bill in your name showing your Horsham address -Lease/tenancy agreement/rent book -Lease/tenancy agreement/rent book More forms: http://tinyurl.com/zuncaf9 More forms: http://tinyurl.com/zuncaf9