VHS GMS1

Family doctor services registration

Use this form for:

Patient's application to join a family's doctor's list for self, child or someone who is unable to complete the form themselves

Application to join the NHS Blood Donor Register

Application to join the NHS Organ Donor Register

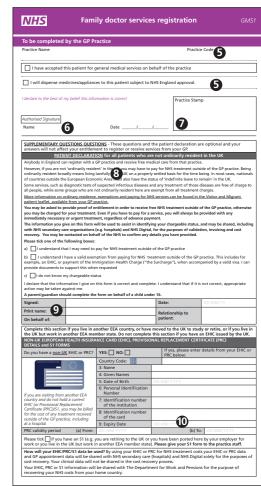
NHS GMS1 user guide

- **Reference box** (optional) Space to enter submission date of claim or the practice's own reference. NHS England may quote this reference in the event of a queried claim.
- **NHS Number** Space has been provided for the new 10 digit NHS numbers. If unknown or prior to the new numbers being allocated to a patient please enter the existing NHS number. If neither is known please ensure the date of birth is entered.
- **Patient's signature** If forms are completed on behalf of the patient by the doctor or practice staff please ask patient/patient's representative to check all entries before signing the GMS1. This signature should only be requested on completion of the form.
- WHS Organ Donor registration Please explain the purpose of registration and that the law is changing so that they need to opt out if they do not want to become a donor. Point out that it's important they talk to their family about their organ donation decision, as they will be asked to support their decision. If the patient is undecided or does not want to become an organ donor, please refer them to the NHS Organ Donation website at www.organdonation.nhs.uk or 0300 123 23 23.

NHS Blood Donor registration Please explain the purpose of registration and the need for all blood types, especially O negative and B negative. If patients are unsure about giving blood refer them to the blood donation website www.blood.co.uk or 0300 123 23 23.

- **5** Practice code The practice's unique identifying code assigned by NHS England.
- **6 Authorised signature** Please ensure that the declaration is read before signing.
- Practice stamp (optional) Space for practice stamp or for entering name of practice.
- **Supplementary questions (optional)** to help determine an overseas patient's eligibility to free NHS secondary healthcare.
- Patient Declaration Where a patient completes the supplementary questions, please ask the patient to sign this section of the form. This signature should only be requested on completion of this section of the form.
- **EEA patients** Space for the patient to record details of their non-UK European Health Insurance Card, Provisional Replacement Certificate or indicate they are in possession of an S1 form (form to be requested by the practice where indicated).





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GMS1 practice record

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