



**MEDICAL REGISTRATION FORM - CONFIDENTIAL**

University Health Service, University of Southampton, Highfield, Southampton SO17 1BJ Tel 023 8055 7531

**Please complete BOTH SIDES in FULL using BLACK and BLOCK CAPITALS****FAMILY DOCTOR SERVICES REGISTRATION**

The following information is required by the Health Authority to complete your registration.

Surname	
Forenames (in full please)	
Date of birth (Day/Month/Year)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your NHS number (if known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your previous surname (if applicable)	
Town & country of birth	

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

Your previous address in the UK (e.g. home or parental address) <b>PLEASE INCLUDE THE POSTCODE</b>	
Name of previous doctor while at that address	
Address of previous doctor	

**If you are from abroad**

Your first UK address where registered with a GP	
If previously resident in the UK, date of leaving	
Date you first came to live in the UK	

**If you are returning from the Armed Forces**

Address before enlisting	
Service or personnel number	
Enlistment date	

**NHS Organ Donor registration**

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.

Please tick as appropriate:

 Kidneys   
 Heart   
 Liver   
 Corneas   
 Lungs   
 Pancreas   
 Any part of my body

Signature confirming consent to organ donation:

Date:

**If you are registering a child under 5** I wish the child named overleaf to be registered with the University Health Service/Highfield Health for Child Health Surveillance**Please tick:**
 Signature of patient  
 Signature on behalf of the patient
**Signature:****Date:** (day/month/year)**Please complete BOTH SIDES in FULL using BLACK and BLOCK CAPITALS**