

New Patient Registration Form

Title: Mr / Mrs / Miss / Ms	Date of Birth:
Forename:	
Surname:	
Address:	
Postcode:	
Home Tel. No.	Mobile No.
Work Tel. No.	Email Address:
Town & Country of Birth:	
Ethnic Group:	First language:
Occupation:	Unemployed <input type="checkbox"/> Retired <input type="checkbox"/>
Single <input type="checkbox"/> Married <input type="checkbox"/> Co Habit <input type="checkbox"/>	
Have you ever been registered at Lakeside Medical Practice before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state your address at the time you were registered:	
Surname at this time if different:	
Have you moved in with any other person at your new address? Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes please name the present occupiers.	
Are you a carer? Yes <input type="checkbox"/> / No <input type="checkbox"/> Do you have a carer? Yes <input type="checkbox"/> / No <input type="checkbox"/> Please give details for your carer / or the person you care for: Name: Address: Tel No.	
Next of Kin. Name & Tel. No.	

**Once you have completed all of the above please return to the surgery between 4-5.30pm
Mon - Fri with proof of the following - one from each section:-**

(1) Tenancy agreement, council tax bill, mortgage statement, contract of employment by a UK based company or a covering letter from the person to whom you are paying rent or who owns/rents the property with a copy of their tenancy agreement/council tax bill/mortgage statement

(2) Utility bill or bank statement or benefits letter

(3) Official photographic I.D. (For Non UK Citizens this MUST be a valid passport with visa where appropriate)

(4) Students – MUST provide official college documents

SEE REVERSE FOR FURTHER INFORMATION

You will then be made a New Patient Check appointment with one of our Nurses (over 5's only)

FOR OFFICIAL USE ONLY	Proof of Address:- One from each section:-
Registration form check list:-	
Full Name <input type="checkbox"/> D.O.B. <input type="checkbox"/> Town & Country of Birth <input type="checkbox"/>	(1) Council Tax Bill <input type="checkbox"/> or Tenancy Agreement (Official) <input type="checkbox"/> or Mortgage Statement <input type="checkbox"/> or Employment Contract <input type="checkbox"/> or Covering letter <input type="checkbox"/>
Full Address inc. postcode <input type="checkbox"/> Tel No. <input type="checkbox"/>	(2) Utility Bill (Not mobile) <input type="checkbox"/> or Bank Statement <input type="checkbox"/> or Benefits Letter <input type="checkbox"/>
Previous Address <input type="checkbox"/>	(3) Passport Number: Exp Date:
Previous Dr. <input type="checkbox"/> Signature <input type="checkbox"/>	Country of origin: Visa Exp:
	Visa type: Visa Exp:
New patient check appointment made for :-	Time:- With:-

**TO AVOID ANY DELAY PLEASE CONTACT THE SURGERY IF YOU HAVE ANY QUERIES / QUESTIONS
REGARDING REQUIRED DOCUMENTATION PRIOR TO YOUR APPOINTMENT DATE.**

0844 477 8966

DR. PREM ANAND
MB BS BSc MRCGP
DR. VIRGINIA TODD MBE
MB BS DCH, D'Obst RCOG FRCP (C)
DR. ANNE MILSTEIN
MB BS BSc DCH DRCOG MRCGP
DR. FRANCES GREGORY
MB BCh BAO DTH FRCS(I)
DR. MARYAM TAHMASSEBI
MB BS DCH MRCP
DR. THOMAS KOELMEL
MEDICAL STATE EXAM MRCGP



LAKESIDE MEDICAL PRACTICE
YARNTON WAY
THAMESMEAD SOUTH
LONDON
SE2 9LH

TEL: 0844 4778966
FAX: 0844 4778965

www.lakesidemedics.co.uk

REGISTRATIONS

Please complete this form with as much information as you can and return to the Practice between 4 – 5.30pm Monday - Friday.

Please ensure you have provided a daytime contact number for us to use in case of further information being required to complete your registration. You should be aware that if we are unable to contact you then your registration application will be rejected.

You will need to bring with you **ID and proof of address**. We require the following:- one from each section listed below:-

- 1. Tenancy Agreement**
Mortgage Statement / Proof of Ownership
Council Tax Bill
Contract of employment by a UK based company
Covering letter from the person to whom you are paying rent or who owns/rents the property with a copy of their Tenancy Agreement/Mortgage state/Council Tax Bill.
- 2. Utility Bill (not mobile phone) (must be no more than 3 months old)**
Benefit / Pension letters
Bank Statement
- 3. Official Photographic I.D. (Adults) Birth certificate (Children under 16) (For Non UK Citizens this MUST be a valid passport & visa where appropriate)**
- 4. Students – MUST provide official college documents**

An appointment will be made to see the nurse or health care assistant for a New Patient Check. This is a requirement of the registration process and it is vital that this appointment is kept.

Please note

- The appointment is for a general health check only.
- Pregnancy tests are not carried out by the surgery.

Thank you for your co-operation

PATIENT ADMINISTRATION SUPERVISOR