

Thurso & Halkirk Medical Practice

REGISTRATION PROCESS

www.thursohalkirkmp.co.uk

Patients applying to join this Practice must live within the practice boundary area. Please check your address with the website map (on our registration page) or ask at Reception for further details.

ID PROCESS

If you wish to register with the Practice, you will need to produce Photo ID (passport or driving licence) and the **ORIGINAL** of a **UTILITY BILL (DATED WITHIN THE LAST 3 MONTHS)** when handing in your completed registration forms. If you do not have a utility bill, you must provide **TWO ORIGINALS** from the following document list **DATED WITHIN THE LAST 3 MONTHS**:

- Bank / Building Society Statement
- Credit Card Statement
- Letter / Statement re mortgage
- Local Authority rental agreement for housing
- Council Tax letter
- CONTRACT Mobile Phone Bill
- Letter from Solicitor
- Official Letter from Government Department re benefits
- Driving Licence

These documents should be presented at Reception with a completed:

- Registration Form (GMSGPR001v2)
- Health Questionnaire
- Ethnicity Form
- Consent Forms

CHILDREN

Under 5 years – No proof of address is required but unless there are exceptional circumstances, we will only register children under 5 years if the child's mother is already a registered patient, or in the process of registering.

6 – 16 years – No proof of address is required but unless there are exceptional circumstances, we will only register children in this age group if a parent/guardian is already a registered patient, or in the process of registering.

FAILURE TO PROVIDE THE REQUIRED DOCUMENTATION MAY RESULT IN THE REFUSAL OF YOUR APPLICATION, OR A DELAY IN THE REGISTRATION PROCESS

Please note our most busy times are Monday (am) and Friday (pm) and therefore we would be grateful if you could avoid visiting the surgery at these times to submit registration forms.

**PLEASE RETURN THIS FORM TO RECEPTION STAFF WITH YOUR COMPLETED
REGISTRATION FORMS AS DETAILED ABOVE**

Princes Street Surgery (01847)893154
Halkirk Surgery (01847)831203

Thurso & Halkirk Medical Practice

FOR GP PRACTICE USE ONLY

DOCUMENTS RETURNED:

	DATE	ID CHECKED	STAFF NAME
Registration Form (GMS1)			
Health Questionnaire			
Ethnicity Form			
Online Services Consent			
Other Consent			
Other Documentation			

PLEASE TICK BELOW TO CONFIRM ID DOCUMENTATION SEEN:

OPTION 1		OPTION 2	
PHOTO ID eg Passport, Driving Licence, etc		*IF NO UTILITY BILL AVAILABLE CHECK 2 OF THE FOLLOWING:	
UTILITY BILL*		Bank / Building Society Statement	
		Credit Card Statement	
		Letter / Statement re Mortgage	
		Local Authority Rental Agreement	
		CONTRACT Mobile Phone Bill	
		Council Tax Letter	
		Letter from Solicitor	
		Letter from Govt Dept re Benefits	
		Driving Licence	

RECEPTIONIST ACCEPTING APPLICATION (BLOCK CAPITALS): _____

RECEPTIONIST SIGNATURE: _____ **DATE:** _____