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### CHECKLIST



Thank you for completing this form. Please check you have completed all sections where possible.  
Please ensure that you bring the following with you to the surgery to complete your registration:

1. **Completed & Signed New Patient Registration Questionnaire**
  2. **Completed & Signed GMS1 Form** (the purple one)
  3. **Photo Proof of ID** - e.g. Passport, Photo Driving License or Photo ID card
  4. **Proof of Address – *Must be in your name and dated within the past 3 months***  
– *Provided in one of the following:* Bank statement, Utility Bill (Gas, Electricity, Water), Council Tax,  
Tenancy Agreement or Landline Phone Bill (Mobile phone bills are not accepted)
  5. If possible, your **Immunisation Records** – usually the Personal Child Health Record (“Red Book”)
  6. If possible, your **NHS Card** – usually shows your previous GP and your NHS Number
  7. If relevant, your **Repeat Medication Request Slip** from your previous GP
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