

# NHS APPLICATION FORM

## PERSONAL DETAILS

Title

Date of Birth

First name

Surname

Preferred name

(X) in appropriate box

Female

Male

Address (including postcode)

Mobile number

Landline number

Email address

GP Surgery name and address

NHS number

Occupation

## FURTHER INFORMATION

Do you pay for your NHS treatment?

Yes

No

If **NO** to the previous question, what is your exemption?

(Information regarding exemptions is available on the NHS website)

How did you find out about our practice? (X) in box

NHS website

NHS choices

Google

Location

Word of mouth

Friend / family

Name of friend / family member

Other (please state)

Do you require a downstairs surgery due to an inability or difficulty getting up stairs? (X) in box

Yes

NO

Do you struggle with verbal communication in English? (X) in box

Yes

NO

Contact number for someone who can speak on your behalf, if needed

Do you currently have any dental insurance?

Yes

No