

# New Patient Application Form

This form is also available in large print. Please advise us if you require any assistance in completing this form.  
Please fill in this form in **BLOCK CAPITALS**

PERSONAL DETAILS	
Title	
Forename(s)	
Surname	
Date of birth	
Sex	
Gender Identity	
Address	
Postcode	

SOCIAL SECURITY	
GY Number	<b>GY</b>
GY numbers allow you eligibility for the Health Benefit Grant. For more info visit <a href="http://www.gov.gg/socialsecurity">www.gov.gg/socialsecurity</a> If you do not have a GY number, you will have to access Pathology, Radiology, Pharmacy and Secondary Care Referrals privately. If you do not have a current GY number – Please tick as appropriate:	
Applied for GY number?	Yes <input type="checkbox"/> No (Private) <input type="checkbox"/>

INSURANCE DETAILS	
Insurance company	
Policy details	Policy Number:  Customer Number:  Start date:

### DETAILS OF PREVIOUS/ CURRENT DOCTOR

<b>Name of Doctor</b>	
<b>Name of surgery</b>	
<b>Practice address</b>	
<b>Practice Telephone Number</b>	
<b>Practice Email address</b>	

### PRIMARY CONTACT DETAILS

<b>Primary contact numbers</b>	Mobile:  Home:
<b>Name of contact if not patient / Relationship to patient</b>	
<b>If primary contact is not the patient a Friends and Family Disclosure of Information Consent Form is required</b>	
Notifications relating to your care may be sent via text to your mobile. If you'd like to opt out of this, tick here: <input type="checkbox"/>	
Please only provide your email address if you are happy to receive communication as follows: - Providing details of the progression of your registration - Providing communication about your personal medical care - Sending invoices <b>Email address:</b> _____ Please provide email in BLOCK CAPITALS	
You are free to withdraw your consent from any of the above at any time. To do this, please enquire at reception, call us on 01481 724184, or email <a href="mailto:admin@qrmpr.com">admin@qrmpr.com</a> .	

### NEXT OF KIN CONTACT DETAILS

<b>Contact details: Next of kin 1</b> <i>Required for patients under 18 years old</i>	Full name:  Relationship to Patient:  Mobile:  Home/Work:
<b>Contact details: Next of kin 2</b>	Full name:  Relationship to Patient:  Mobile:  Home/Work:

## DECLARATION

I understand that the Practice has the right to accept or decline this application.

I agree to pay for all treatment given by the Practice.

(Full details of our pricing are available from reception or on our website at [www.qrmp.gg](http://www.qrmp.gg))

I give my permission to the Practice to request my previous medical history from my previous doctor.

I agree that the Practice may disclose personal details and details of medical records to all those involved in providing healthcare and related services both inside and outside the Practice.

**To be signed by Patient if aged 12 years or over.**

**To be signed by parent/guardian for patients under the age of 12 years.**

<b>Signed</b>		<b>Date</b>	
<b>Print Name</b>			

**Please return this form with a copy of PHOTOGRAPHIC IDENTIFICATION to the surgery**

### WHAT HAPPENS NEXT?

**If this is a first-time registration or you are transferring from outside of Guernsey...**

- We will process your application and contact you to book a free registration appointment with a nurse.

**If you are currently registered at another local Practice...**

- Once your application has been processed, we will send you a letter of acknowledgement and request a copy of your medical records from your current surgery.
- Please allow 30 days from the date of acknowledgement for us to receive these records. If you require an appointment within this time frame, please book this with your current surgery.
- Once your records have been transferred to us, we will contact you to invite you to your registration appointment.
- We will invite you to one registration appointment with a nurse, which will be free of charge.

**You are not formally a patient of Queens Road Medical Practice until your application has been accepted and you have attended a free registration appointment.**

If you have any questions, please contact our New Patient Administrator on 724184 or at [admin@eqrmp.com](mailto:admin@eqrmp.com).

For more information on Queens Road Medical Practice please visit our website at [www.qrmp.gg](http://www.qrmp.gg).

Your details will be stored and used as per our Privacy Notice; This can be viewed on our website and is also available upon request from reception.

Approved: Practice Manager

Dated: 02.09.2024