FAMILY DOCTOR REGISTRATION SERVICES

(NOT FOR REGISTERING PATIENTS FROM OUTSIDE UK)

HS 200

HSC Business Services Organisation

Patient details — ***Please complete in BLOCK CAPITAL AND TICK ✓ as appropriate***

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname .....

Date of Birth

First Names .....

Previous Surname/s .....

H+C No. (If known)

.....

☐ Male ☐ Female

Town and country of birth

.....

Current address

.....

.....

Postcode

Telephone No.

Please help us trace your previous medical records by providing the following information

Your previous address in UK .....

.....

.....

Name of previous doctor while at that address

.....

Address of previous doctor

.....

Did you get a Medical Card showing your previous address? Yes or No

If you are returning from the armed forces

Address before enlisting

.....

Service or Personnel number

Enlistment Date

Discharge Date

I understand that the Business Services Organisation may be legally obliged to disclose the data included on this form to relevant statutory authorities for the purposes of prevention, detection and investigation of crime. Furthermore, I understand the organisation may also share this data for health research purposes and with organisations responsible for delivering health and care services in order to facilitate the management of those services.

Information about data security and confidentiality matters can be obtained from the Organisations Data Protection Co-ordinator: 2 Franklin Street, Belfast, BT2 8DQ, telephone 028 9053 5549.

☐ Signature of patient .....

☐ Signature on behalf of patient.....

Date

Doctor's Name

GP Code

Authorised Signature

Date

NHS Organ Donor Registration

Data Protection Assurance: Completion of this section is for the sole purpose of recording your wishes on the NHS Organ Donor Register. All data processed by UK Transplant is in accordance with the Data Protection Act, 1998. Your details will only be used for administration purposes by UK Transplant staff or agents and will not be released to any third party without your written consent.

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature of patient for Organ Donation .....