

Brondesbury Medical Centre
279 Kilburn High Rd, London NW6 7JQ
Tel: 020 7624 9853 Fax: 020 7372 3660

Date:

Your name:

Dear New Patient,

RE: Registering at *Brondesbury Medical Centre*

Thank you for applying to register at our practice. To register you we request you provide:

- 1 - Your medical card OR** complete all sections of the **GMS1 form** we give you
- 2 - One proof of address within the practice area** from the list below

Any missing information will need to be completed before your registration can proceed. This is a requirement of the Health Authority.

Proof of address from one of these (within the last 6 months, showing your name & address

- Utility bill (gas, electricity, community charge etc.)
- Phone bill stating address
- Bank statement
- Rent book or tenancy agreement.
- Pension book
- Benefit/family credit book
- Home office permit to stay
- Driving License (with address)
- Document showing University/college hall of residence
- TV License
- HM Revenue and Customs Statements
- Council Tax Bill/Council Rent Book
- Home Insurance Policy

3 - Please also supply your landline and mobile telephone numbers.

4- If you are registering any **children of 5 years or younger you will need to bring their**

immunisation records. If you do not have these (eg Red Book), your current doctor should be able to provide them. Your child's registration will only be temporary until these have been provided. We will need the **child's birth certificate & NHS number** if born in this country (this will be on the discharge summary from the Hospital where the child was born).

We look forward to welcoming you at Brondesbury Medical Centre.

Yours sincerely,

Amal Wicks, Practice Manager

04/07/2017