

## Filling in your NHS GP Registration form

This is only a guide for filling in on PC, Mac's maybe similar.  
For iPads and tablets you may have to save the form to you device first then edit it.

Use the 'Fill & Sign' in Adobe Acrobat Reader DC to fill in the form.

To add text i.e. Name, Address etc.

To add ticks or crosses to the form

To add your signature

The screenshot shows the Adobe Acrobat Reader DC interface with the 'Fill & Sign' toolbar. The form is titled 'NHS Family doctor services registration' and includes the following fields:

- Mr**  **Mrs**  **Miss**  **Ms**
- Surname: Tom
- First names: Tom
- Date of birth: [Redacted]
- NHS No.: 1234567890
- Previous surname/s: [Redacted]
- Male  Female
- Town and country of birth: [Redacted]
- Home address: [Redacted]
- Postcode: [Redacted]
- Telephone number: [Redacted]

Below the patient details, there is a section titled 'Please help us trace your previous medical records by providing the following information' with fields for 'Your previous address in UK', 'Name of previous doctor while at that address', and 'Address of previous doctor'.

You can move the text boxes around and make the font bigger or smaller.

You can also add a signature by clicking the sign box and then add signature. You can either draw in your signature or type it in.

The screenshot shows the Adobe Acrobat Reader DC interface with the 'Sign' tool selected. A dropdown menu is open, showing options to 'Add Signature' and 'Add Initials'. The form content includes the following fields:

- Any or my organs and tissue or
- Kidneys  Heart  Liver  Corneas
- Any part of my body
- Signature confirming my agreement to organ/tissue donation
- For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.

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You can then move and resize your signature to fit.

gpregration1.pdf - Adobe Acrobat Reader DC

File Edit View Window Help

Home Tools gpregration1.pdf x

1 / 2 165% Share

Fill & Sign JAb X ✓ ○ - • Sign Close

Any of my organs and tissue or

Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

Signature confirming my agreement to organ/tissue donation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Donor registration

join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Tom Test

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: \_\_\_\_\_