

Request for Issue of NHS Number and Transfer of Medical Records for Service Dependants or Entitled Civilians

Sections 1, 2, 3 & 4 to be completed by applicant, or person on their behalf, Section 5 to be completed by the new Service Medical Unit (SMU).

1. Details of Service Dependant or Entitled Civilian

NHS No.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Surname	<input style="width: 100%; height: 25px;" type="text"/>					
Forename(s)	<input style="width: 100%; height: 25px;" type="text"/>					
Previous surname(s) eg. maiden name	<input style="width: 100%; height: 25px;" type="text"/>					
Date of Birth	D D	M M	Y Y Y Y	Male <input type="checkbox"/> Female <input type="checkbox"/>		
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Town and Country of Birth	<input style="width: 100%; height: 25px;" type="text"/>					

2. Details of Request – please select ONE of the following options:

<input type="checkbox"/>	a. The applicant is a Service dependant or entitled civilian transferring from the NHS to a SMU - please supply previous GP Practice and address below.
<input type="checkbox"/>	b. The applicant is a Service dependant or entitled civilian transferring from one SMU to another SMU - please supply previous SMU below.
<input type="checkbox"/>	c. The applicant is a baby born to a Serviceperson, Service dependant or entitled civilian outside of England, Wales, Northern Ireland & Scotland, and requires an NHS Number to be issued.
<input type="checkbox"/>	d. The applicant is a new Service dependant or entitled civilian who has not previously registered with the NHS and requires a new NHS Number e.g. spouse or civil partner born abroad.

3. Details of Previous GP Practice or SMU – only complete this section if you have selected option a or b in section 2.

Name of GP Practice/SMU									
Street									
Town & Country									
Postcode	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Previous SMU UIN (if applicable)	<input style="width: 20px; height: 20px;" type="text"/>

4. Dependant of or Entitled Civilian Details

NHS No.	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Staff/Service No. (last 3 digits only)	<input style="width: 20px; height: 20px;" type="text"/>
Surname & Rank (as applicable)	<input style="width: 100%; height: 25px;" type="text"/>						

5. Details of Requesting Establishment

Requesting SMU UIN	<input style="width: 100%; height: 25px;" type="text"/>	SMU Name
SMU Address		
Requester's Name		Requester's Signature & Date