

Name

Date

## Registering with a doctor

Match the questions with the answers:

- |                                    |                          |                  |
|------------------------------------|--------------------------|------------------|
| 1. Do you have a telephone number? | <input type="checkbox"/> | a) Akpinar       |
| 2. What's the postcode again?      | <input type="checkbox"/> | b) Filiz         |
| 3. What's your date of birth?      | <input type="checkbox"/> | c) 18/12/1969    |
| 4. What's your family name?        | <input type="checkbox"/> | d) BR22 9YH      |
| 5. What's your first name?         | <input type="checkbox"/> | e) 21 New Street |
| 6. What's your nationality?        | <input type="checkbox"/> | f) Turkish       |
| 7. Where do you live?              | <input type="checkbox"/> | g) 0121 83652    |

## Giving personal information

Fill the form for Filiz.

| NHS                                                                                                                           |                                 | Family doctor services registration |                             | GMS1                                                                                          |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Patient's details</b>                                                                                                      |                                 |                                     |                             | please complete in BLOCK CAPITALS and tick <input checked="" type="checkbox"/> as appropriate |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Mr                                                                                                   | <input type="checkbox"/> Mrs    | <input type="checkbox"/> Miss       | <input type="checkbox"/> Ms | Surname                                                                                       |  |  |  |  |  |  |  |  |  |  |
| Date of birth                                                                                                                 |                                 |                                     |                             | First names                                                                                   |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                               |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
| NHS No.                                                                                                                       |                                 |                                     |                             | Previous surname/s                                                                            |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                               |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Male                                                                                                 | <input type="checkbox"/> Female | Town and country of birth           |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
| Home address                                                                                                                  |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
| Postcode                                                                                                                      |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |
| Telephone number                                                                                                              |                                 |                                     |                             |                                                                                               |  |  |  |  |  |  |  |  |  |  |

# A doctor's surgery

This is the leaflet about Ashlea Surgery in Birmingham.

## Ashlea Surgery

### Services

- Well Man Clinic
- Well Woman Clinic
- Diabetic Clinic
- Asthma Clinic

The team at the surgery

Receptionist: Annie Butler

GPs: Dr Leila Green,

Dr Joseph Golden,

Dr Solym Ahmed

Nurse: Sheila Thomas

Number for appointments:

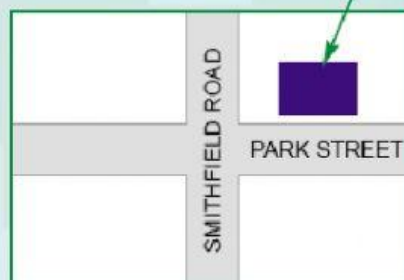
0121 987765

EMERGENCY NUMBER:

0121 987764

How to find us:

Ashlea Surgery



## SURGERY HOURS

Monday 8:00-4:00

Tuesday 8:00-4:00

Wednesday 8:00-6:30

Thursday 8:00-6:30

Friday 8:00-6:30

Saturday 9:00-11:30

Sunday Closed

Read the leaflet. Answer these questions.

1. How many GPs are there at the surgery?

2. What is the nurse's name?

3. Which street is the surgery in?

4. Which day is the surgery closed?

5. What time does the surgery close on Wednesdays?

6. What time is the first appointment on Saturdays?

7. What is the number for appointments?