

## **TEMPORARY RESIDENT FORM**

In order for one of the Doctors at the Aviemore Medical Practice to assist you, we need you to fill out the following information to register you on our system. Please enter your information as clearly as possible.

Have you been seen at the Aviemore N	ledical Practice in the	e past?	Yes 🗖	No	
How long are you staying in the area?	Under 16 Days 🛛	Up to 3	Months		

Surname	Date of birth
First name	
Address (In the Area)	
	Postcode
Email address	Contact number

Permanent Registered Address (Home)
Postcode
Home number
Usual Medical Practice Name and Address

Postcode

## CONTACT WITH CURRENT MEDICAL PROVIDER

In order to treat you safely, we require all temporary patients to contact their current medical practitioner and request a medical summary to be sent to this practice. It is your responsibility to contact your current medical practitioner to ask they send a full summary including any medication you are prescribed and email this to our secure generic email address:

## nhsh.gp55911-admin@nhs.scot

On receipt of this information we may need to contact them to discuss your medical history, or treatments that you have been receiving. Please tick the following box to confirm you consent to us contacting your current medical practitioner which may result in further disclosure of information held in your medical records.