ARLINGTON ROAD MEDICAL PRACTICE

Military Veteran or Military Family Form

Please complete section one of this form if you are a Military Veteran or section two of this form if you are part of a Military Family.

Section One - Military Veteran Details			
Surname		First Names	
DOB	____/____/_____		
Is this your first time registering with a civilian GP following your discharge? Yes ☐ No ☐ If yes, please provide the Practice with your FMed133A.			
If this is your first time registering with a civilian GP following your discharge, do you have a full paper copy of your medical records from the armed forces? Yes ☐ No ☐ If yes, please provide the Practice with a copy. If no, please provide details of your Service Number and Regiment/Corp so that we can request your medical record.			
Service No.		Regiment/Corp	
Which Force did you serve in?	Air Force ☐ Army ☐ Marines ☐ Navy ☐		

We will record your Veteran status on your medical record and this will be flagged on referrals where your condition is directly related to your service.

Section Two - Military Family Member			
Surname		First Names	
DOB	____/____/_____		
What is your relationship to the Service Personnel?	Spouse ☐ Partner ☐ Child ☐		
Which Force do they serve in?	Air Force ☐ Army ☐ Marines ☐ Navy ☐		

We will record your Military Family Member status on your medical record and this will be flagged on referrals where your condition is directly related to your military family status.