

## New Patient Registration Form

Please note, this completed form must be accompanied with 2 forms of ID, one being photographic. A list of your current repeat medication, should also be attached, this can be obtained from your previous GP practice.

Please circle where appropriate

Today's Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Town and Country of Birth: \_\_\_\_\_

Main language spoken: \_\_\_\_\_

Occupation: \_\_\_\_\_

Student? **YES/NO**

Marital Status: single married separated

divorced widowed

Do you have children? **YES/NO**

If so, please give details as follows:

How many: \_\_\_\_\_

Sex: \_\_\_\_\_

### Health Screening

Do you smoke? **YES/NO**

If yes, how many per day?

Do you want help to stop smoking? **YES/NO**

If Yes, Please Contact:  
Boots Pharmacy: 01691 659249  
Help2Change Services: 03454  
789025

How many units of alcohol do you drink per week? 1-2 / 3-5 / 6-8 / 9-1 / 12-14 / 14+

If you drink more than  
14 units – Women  
21 units – Men

Would you like to discuss how to reduce your intake? **YES/NO**

For further information go to:  
[www.nhs.uk/change4life](http://www.nhs.uk/change4life)

What is your approx. height? \_\_\_\_\_

What is your weight? \_\_\_\_\_

**THIS NEXT QUESTION IS FOR FEMALES ONLY**

Have you had a Cervical Smear?

**YES/NO**

Date: \_\_\_\_\_

**Females who are 25 years and over are advised to have a smear every 3 years.**

### Medication

Do you take routine medication? (e.g. oral contraceptive pill, blood pressure tablets): **YES/NO**

Are you allergic to any medication that you know of? (e.g. penicillin): **YES/NO**

If yes, what? \_\_\_\_\_

Have you misused drugs? \_\_\_\_\_

If yes, which drug? \_\_\_\_\_

How often? \_\_\_\_\_

### Medical History

Please indicate if you have ever suffered from the following:  
(Please tick appropriately including the year of diagnosis)

- Heart Attack \_\_\_\_\_
- Angina \_\_\_\_\_
- Stroke \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Emphysema/COPD \_\_\_\_\_
- Epilepsy \_\_\_\_\_
- Thyroid Disorder \_\_\_\_\_
- Cancer \_\_\_\_\_
- Asthma \_\_\_\_\_
- Depression \_\_\_\_\_
- Mental Health Problem \_\_\_\_\_

**\*\*PLEASE ENCLOSE LAST PRESCRIPTION RE-ORDER FORM\*\***

- T.B. (Tuberculosis) \_\_\_\_\_
- Jaundice \_\_\_\_\_
- Skin Disease \_\_\_\_\_
- Stomach Ulcer \_\_\_\_\_
- Kidney Disease \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Malaria \_\_\_\_\_

Operations: (Specify and give approx. year e.g. hysterectomy 1992)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any other significant illnesses?  
**YES/NO**, if yes please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disabilities**

Please indicate if you have any of the following conditions:

- Impaired Hearing/Deaf \_\_\_\_\_
- Speech Impaired \_\_\_\_\_
- Partially sighted/blind \_\_\_\_\_
- Mobility Impaired \_\_\_\_\_
- Learning Disabilities \_\_\_\_\_

**Carers**

Are you a carer? **YES/NO**

Who do you care for? \_\_\_\_\_

Is this person registered at this GP practice?  
**YES/NO**

Do you have a Carer? **YES/NO**

If yes, please provide the carer's name and contact number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patients may be accompanied at appointments by a carer and/or advocate and/or assistant.**

**Family History**

Are there any illnesses which run in our family?  
**YES/NO**

(If yes, please give details e.g. heart problems, diabetes) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What next...**

Once the form is completed and returned the Receptionist will make you an appointment for your registration medical with our Healthcare Assistant (this appointment is for everyone aged over five). At this appointment we will check your general health i.e. blood pressure, height, weight; take note of any particular illnesses you have or have had, and will answer general questions about your health.

**We offer...**

**NHS Health checks** - This Health Check aims to prevent heart disease, stroke, diabetes & kidney disease. Everyone between the age of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, are eligible (once every 5 years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. Please ask reception for more information.

**GP Online Services – Quick, easy and secure**  
 You can now order repeat prescriptions, book appointments and even access your GP records online.

Your unique access pin will be given to you at your New Patient Medical appointment

Doctors appointments are every ten minutes, so please be aware of this, be mindful of the fact if you have a lot to talk about this will cause delays for other patients. If you need more time, please book a double appointment.