

**Patient Registration Form**

**TITLE:**

**FULL NAME:**

**DATE OF BIRTH:**

**PREVIOUS SURNAMES:**

**HOME ADDRESS (including postcode):**

**EMAIL ADDRESS:**

**HOME TELEPHONE NUMBER:**

**WORK TELEPHONE NUMBER:**

**MOBILE NUMBER:**



**Patient Registration Form**

**HEIGHT: WEIGHT:**

**WHAT IS YOUR 1ST LANGAUAGE:**

**DO YOU NEED AN INTERPRETER:**

**ETHNIC GROUP:**

**WHITE: British: Irish:**

**Other (please specify):**

**BLACK: Carribean: African:**

**Other (please specify):**

**ASIAN: Indian: Pakistani: Chinese:**

**Other (please specify):**

**MIXED: White + Black Caribbean White + Asian**

 **White + Black African**

**Other (please specify):**



**Patient Registration Form**

**OCCUPATION or if retired PREVIOUS OCCUPATION:**

**MEDICAL INFORMATION:**

**Please list any chronic/serious illnesses, operations, disabilities or mental health problems and the year they took place:**

**IMMUNISATIONS & DATES:**

**CURRENT REPEAT MEDICATIONS & DOSE:**



 **Patient Registration Form**

**DO YOU HAVE ANY ALLERGIES:**

**ARE YOU REGISTERED DISABLED:**

**DO YOU HAVE A CARER:**

**ARE YOU A CARER YOURSELF:**

**WOMEN ONLY**

**Have you ever had a cervical smear and if so, can you please list when you last had one and the result:**

**DO YOU SMOKE Y/N: If ‘NO’, have you ever smoked Y/N :**

**If you are a current smoker, how many cigarettes or ounces of tabacco do you smoke per day:**



**Patient Registration Form**

**ALCOHOL: HOW MANY UNITS DO YOU CONSUME PER WEEK? …………….**

**How to work it out – 1L of a drink of X% ABV contains X units so 1L of 40% gin is 40 units, one 500ml can of Stella = 0.5 x 5 = 2.5 units or a 250ml glass of wine = 0.25 x 12 = 3 units.**

**MEN: How often do you have 8 or more drinks on one occasion?**

**WOMEN: How often do you have 6 or more drinks on one occasion?**

|  |  |
| --- | --- |
| N/A |  |
| NEVER |  |
| LESS THAN MONTHLY |  |
| MONTHLY |  |
| WEEKLY |  |
| DAILY OR ALMOST |  |

**How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

|  |  |
| --- | --- |
| N/A |  |
| NEVER |  |
| LESS THAN MONTHLY |  |
| MONTHLY |  |
| WEEKLY |  |
| DAILY OR ALMOST |  |

**How often during the last year have you failed to do what was normally expected of you because of drinking?**

|  |  |
| --- | --- |
| N/A |  |
| NEVER |  |
| LESS THAN MONTHLY |  |
| MONTHLY |  |
| WEEKLY |  |
| DAILY OR ALMOST |  |

**In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

|  |  |
| --- | --- |
| NO |  |
| YES ON 1 OCCASION |  |
| YES MORE THAN ONCE |  |

:



**Patient Registration Form**

**FAMILY HISTORY:**

**Do you have a family history of serious illness? If so please tick against the relevant box and state your relationship to that person:**

|  |  |  |
| --- | --- | --- |
| **DIABETES** |  |  |
| **HEART DISEASE** |  |  |
| **STROKE** |  |  |
| **CANCER** |  |  |
| **OTHER**  |  |  |

**CONTACTING YOU:**

Please sign in the box if you agree that we may contact you from time to time, via email and/or SMS, with practice news, advice about your health and/or appointment reminders and test results:

**PATIENT PARTICIPATION GROUP:**

**The practice is committed to improving the services we provide to all our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. It will mean we can keep you informed of opportunities to give your views and keep you updated with developments within the practice. If you are interested in getting involved, please tick the box below and your details will be passed to the practice manager and you will be notified of the next meeting date and venue.**

**YES, I am interested in the PPG:**



**Patient’s Agreement Form**

It is with regret that we ask ALL patients to agree not to be abusive to our staff as we find this kind of behaviour is increasing.

The Surgery now has a policy of ZERO TOLERANCE and therefore will remove any such patients from our list.

You are also advised that should you fail to attend three appointments at the Surgery without a reasonable explanation, we will be forced to remove you from our list.

PRINT NAME:………………………………………………………..

DATE OF BIRTH……………………………………………………..

SIGNED:………………………………………………………………

DATED:……………………………………………………………….