NEW PATIENT REGISTRATION FORM (14 years +)

Handed in date:	

Please make sure that you answer all questions.
All information will be treated in the strictest confidence and is for your GP's record only.

****What was the name of your last Gp at your previous doctors surgery?**

Surname/Last/Family Name:	Forename/First Name:	Previous Name:
Address: Postcode:		Date of Birth: Town of birth:
Home Telephone Number:	Mobile Number:	Signature:
IF WE HAVE YOUR MOBILE NO WE CAN INFORM YOU OF YOUR APPOINTMENTS AND MUCH MORE		
Email:		
No of Children:	No of children living with you:	
Are you a carer for someone? If so who?	Does someone care for you? If so who?	
Country of Origin/Ethnicity:	First Language:	Occupation:

Emergency Contact Details/ next of kin	
Name:	Address:
Telephone Number:	Relationship:

Family History- Have you or your family had any of the following conditions?			
	Yourself		Your family - Please state family member,
	Yes	**No**	eg mother, brother etc & give any relevant details
Asthma/ COPD			
Diabetes			
High Cholestrol			
High Blood Pressure			
Heart Problems			
Stroke			
Epilepsy/fits			
Nervous disorders			
Allergies (inc medicines)			
Cancer			

Have you had any illness/operations not mentioned above? (Please give dates where applicable.)
Also please state if you have any special disabillities.

Has your blood pressure been checked in the last year? YES / NO (Please delete as appropriate)

How many times do you exercise in one week eg walking, classes, swimming etc:

Please state what immunisations you have had and when:

Have you been diagnosed with a chronic disease? Yes ☐ No ☐

If you have, which one applies?

Diabetes ☐ Coronary Heart Disease ☐ COPD/ Asthma ☐ Other ☐ ……..……...

PTO

Do you take any medicines/tablets regularly? If so, give details ie. Name, dose, time of day taken -
We need evidence of any medication you are on i.e. last prescription, evidence from previous doctor or tablet boxes

Medication	Dose

ANY PATIENTS ON SLEEPING TABLETS OR DIAZAPAM WILL BE PLACED ON A WITHDRAWEL PROGRAMME ON REGISTRATION UNLESS THEY ARE UNDER THE CARE OF A PSYCHIATRIST, HAVE EPILEPSY OR ARE TERMINALLY ILL.

Smoking History	
Q1. Do you smoke?	YES / NO
Q2. If yes, how many a day?	☐
Q3. Have you ever smoked?	YES / NO
Q4. If yes, how many did you smoke?	☐
Q5. If you have stopped smoking, please state what year you stopped.	☐
Q6. Do you need advice about giving up?	YES / NO

THE FOLLOWING QUESTIONS MUST BE ANSWERED - Registration cannot be accepted unless this information is provided.

Alcohol History

Q1. MEN - How often do you have EIGHT or MORE DRINKS on one occasion?
Women - How often do you have SIX or MORE DRINKS on one occasion?
(NB - 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirit.)

0	1	2	3	4
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Q2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0	1	2	3	4
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Q3. How often during the last year have you failed to do what was normally expected of you because you were drinking?

0	1	2	3	4
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Q4. In the last year, has a relative or friend a doctor or a health worker been concerned about your drinking or suggested you cut down?

0	1	2	3	4
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Q5. Overall, how many units of alcohol do you drink per week? ☐

Diet

How do you rate your diet? Good ☐ Average ☐ Poor ☐

Are you on any of the diets below?

Vegetarian	☐	Milk free	☐	Low salt	Low fat ☐
Vegan	☐	Egg free	☐	Low cholestrol	Diabetic diet ☐
Weight loss	☐	High fibre	☐	Gluten free	Other ……

WOMEN

We would expect to see women for contraceptive advice and blood pressure checks. (Contraceptive pill - 6 monthly, IUD and cap yearly)
If you get your contraception from family planning you will need to continue to get it from there. If you find getting it from your doctor is easier you will need to see a doctor first before we can prescribe. Afterwards reviews are done by the nurse every 6-12 months.