Park Medical Centre Registration form

Please complete this confidential questionnaire (one for each member of the family to be registered with the practice).

Today's Date

Please complete in BLOCK CAPITALS and tick as appropriate ☐

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Personal information *(please complete for each family member to be registered)*:

Full name:			Telephone number:
Mr / Mrs / Miss / Ms / Other……..			Work number:
Address and **Postcode**:			Mobile number:
			Email Address:
			Next of Kin:
KEYCODE:			Next of Kin Telephone number:
Date of Birth:	Previous/Mother's surname if different		Town and Country of Birth:
Marital Status:	☐ Male ☐ Female		Other residents of your home:
Occupation:			
Names & Ages of children:			
Housing *(select one)* : House/maisonette/flat/mobile home			NHS Number *(if known)*
If you are a carer, who do you care for *(name/address/phone number):*			
If you have a carer, please sign here if you wish us to disclose information about your health to your carer. Signed:			Date:
Previous Address:			Previous Postcode:
			Previous doctor telephone:
			No data release / YES/NO
			If applicable, date you first came to live in Britain:
Previous doctor and addresses:			**If returning from Armed Forces:**
			Service or Personnel number:
			Enlistment Date:

Yours height: FT/Inches…… CMs:……	**Your weight:** Stones/Lbs…… KGs:……..

Your religion:

☐ No religion	☐ C of E	☐ Catholic	☐ Other Christian *(specify):*
☐ Buddhist	☐ Hindu	☐ Jewish	☐ Jehovah's Witness
☐ Muslim	☐ Sikh	☐ Other religion not listed above *(specify):*	

Your ethnic origin:

□ White (UK) *9i0*	□ White (Irish) *9i1*	□ White (Other) *9i2%*	□ Caribbean *9i3*
□ African *9i4*	□ Asian *9i5*	□ Other mixed background *9i6%*	□ Indian/Brit. Indian *9i7*
□ Pakistani/British Pakistani *9i8*	□ Bangladeshi/British Bangladeshi *9i9*	□ Other Asian background *9iA%*	□ Chinese *9iE*
			□ Other *9iF%*
□ Other black background		□ Ethnic category not stated 9iG	

Your main or first language spoken/understood *(select one)*:

□ English	□ Hindi	□ Gujurati	□ Urdu
□ Bengali/Sytheti	□ Punjabi	□ Polish	□ Ukrainian
□ Other please specify:			

Smoking and alcohol consumption:

Are you a smoker?	YES/NO	How much alcohol do you drink a week in units?	Units:
If so, how many do you smoke a week?			
Have you ever been a smoker?	YES/NO		

(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)

If you are a smoker and want to stop, please ask for information about local smoking cessation services.

Your medical background *(please continue on a separate sheet if necessary)*:

What illnesses have you had?	What operations have you had?
Do you have any medical problems at present?	Please list any allergies:
Please list any tablets, medicines or other treatments you are taking:	Are there any serious diseases that affect your family - eg diabetes, high blood pressure, asthma,…….

What immunisations have you had - please tick:

□ Diptheria	□ Tetanus	□ Whooping Cough	□ Polio
□ Measles	□ German Measles	□ Pre-school booster	□ MMR

□ Triple vaccine (Diptheria, Tetanus and Pertussis) - 3 doses

Women Only

When was your last smear done?	Was this at your GPs surgery?	YES/NO
Do you wish to see a doctor in this practice for contraceptive services (including the pill, coil or cap)?		YES/NO

Signature of patient:	Signature on behalf of patient:

Summary Care Records - The NHS are changing the way your health information is stored and managed. The NHS Summary Care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. An information pack has been provided.

Are you happy to have a summary care record **yes** **no** **more time required** *(circle as required)*

Your physical examination will include having your height/weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).

Thank you for completing this form. For more information about the services we offer, please refer to your new patient pack or see our website: **www.pmcleek.co.uk**