

# St Lawrence Surgery Partners New Patient Registration Form

Today's Date:

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

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please bring photographic identification and proof of address for entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

<b>Full Name:</b>				<b>Telephone Number:</b>	
<b>Mr / Mrs / Miss / Ms / Other.....</b>				<b>Work Number</b>	
<b>Address and Postcode</b>				<b>Mobile Number: ( I give consent to the surgery texting me to notify me of my appointments) YES/NO</b>	
				<b>Number:</b>	
				<b>E-mail Address: ( I give consent to the surgery emailing me) YES/NO</b>	
				<b>Email:</b>	
<b>Date of Birth:</b>			<b>Town &amp; Country of Birth</b>		
<b>Marital Status:</b>		<b>Gender:</b>	<b>Male:</b>	<b>Female:</b>	
<b>Next of kin: (name and relationship)</b>		<b>Next of kin contact number</b>			<b>Other residents of your home:</b>
<b>Your Religion:</b>	<b>Please state:</b>				
<b>Your Ethnic Origin: (select one)</b>	<b>White (UK)</b>	<b>White (Irish)</b>	<b>White (Other)</b>		
<b>Caribbean</b>	<b>African</b>	<b>Asian</b>	<b>Other Mixed Background</b>		
<b>Indian / Brit Indian</b>	<b>Pakistani / Brit Pakistani</b>	<b>Bangladeshi / Brit Bangladeshi</b>	<b>Other Asian Background</b>		
<b>Other Black Background</b>	<b>Chinese</b>	<b>Other</b>	<b>Other (Please state)</b>		
<b>Your main or 1<sup>st</sup> language</b>	<b>Please state:</b>				
	<b>Do you need an interpreter? YES/NO</b>				

Smoking, Alcohol Consumption and Exercise:					
Your <b>Blood Pressure Reading</b> (Please write below)			If you have taken your blood pressure from the waiting room machines, please also take the printout to the receptionist		
/					
<b>Your height:</b>	Feet / inches	cm	<b>Your weight:</b>	Stones / lbs.	kg
<b>Are you currently a smoker?</b>	Yes	No	<b>Have you ever been a smoker?</b>	Yes	No
<b>If so, how many cigarettes / cigars / tobacco do you smoke in a week?</b>			<b>If you are an ex-smoker, what year did you give up?</b>		
<i>If you are a smoker and want advice on how we can help you stop, please tick here.</i>	Yes	No	.....		
<b>How often do you exercise?</b>	<b>No. times per week</b>		<b>Type(s) of exercise:</b>		
<b>How much alcohol do you drink in a week (Units)?</b> <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>	<b>Number of Units</b>		<b>Please also complete attached form</b>		
	.....				
Your Medical Background:					
<b>Please list any significant medical problems</b>					
<b>Please list any tablets, medicines or other treatments you are currently taking:</b>					
<b>Do you have any allergies</b>					
<b>Where would you like your prescriptions to go?</b>	<b>St Lawrence Surgery Dispensary (Tarring Community Pharmacy)</b> <b>YES/NO</b>  <b>Other – Please specify</b>  .....				

<b>Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)</b>	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		<b>Any other important Family Illness?</b>		

<p>If you are a Carer, please state the name / address / phone number of the person you care for:</p>	<p align="center"><u>Person Cared For Contact Details:</u></p>
<p>If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.</p>	<p align="center"><u>Carer Contact Details:</u></p>
	<p align="center"><u>Signed:</u> _____ <u>Date:</u> _____</p>
<p align="center"><b>Specific Needs:</b> Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action, eg visual impairment etc</p>	
<p align="center"><b><u>Patient Feedback</u></b> The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By giving your feedback, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.</p>	
<p align="center"><b><u>Summary Care Records</u></b> The NHS in England is introducing the Summary Care Record which will be used if needed in an emergency care setting. If you would like further details, please ask at reception.</p>	
<p align="center">Please feedback to us via the St Lawrence Surgery Website, or directly to the Practice Manager <a href="mailto:jowadey@nhs.net">jowadey@nhs.net</a></p>	

*If you would like a new patient check, please ask for an appointment with the Health Care Assistant. 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 the practice booklet or see our website: [www.stlawrencesurgery.com](http://www.stlawrencesurgery.com)*