

St. George's Crescent Surgery - New Patient Registration Questionnaire

Please complete this form in black ink, tick the boxes which are applicable and sign overleaf.

Do you require this form in larger print? Yes No

Are you classified as having a disability? Yes No

If yes please state the disability.....

Title: Dr / Mr / Mrs / Ms / Miss (please circle required) Forename:..... Surname:..... Address:..... Postcode:..... Home Phone Number:..... Mobile Number:..... Work Number (if applicable):..... Email:	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Co Habit <input type="checkbox"/> Widowed <input type="checkbox"/> Date of Birth:/...../..... Dependants: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many: Next of Kin:..... Relationship to Yourself: Contact Number:.....
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Have you been registered at this Practice previously? Yes No

Do you reside with anyone registered at this Practice: Yes No

If so give details:.....

Carer's

Are you a carer? Yes No

Name & Date of Birth of the person/person's you care for, if they are registered at this Practice:

Are you being cared for? Yes No

Please state the name, address and contact number of your carer:

Patient's Health Style Questionnaire

Smoking Status: Never Smoked
Stopped Smoking When stopped?.....
Smoker How many a day?.....
How many years?.....

Alcohol Consumption: E.g. ½ pint of beer = 1 unit 125ml Glass of wine = 1 unit

Drinks Alcohol Yes How many units do you drink per week?.....
 No
Lifetime Tee Totaler Yes
 No

Height :..... **Weight :**.....

Please remember that all sections of this form need to be completed and ensure that you provide evidence of your name and address when you hand the registration form back into the Practice otherwise, your registration could be delayed.

Forms of evidence required are:

- 1) Photographic ID (Passport or Driving Licence) or birth certificate or a letter from DWP and
- 2) One of the following documents as proof of address being less than 6 months old;

Bank Statement
Council Tax Bill
Utility Bill i.e. Gas/Electric/Water
Tenancy agreement

Please be aware that if married, you will still have to produce evidence for each person.

If registering any children aged 5 and under, you will need to bring in their 'Red Book/Child Health Record' or a complete copy of previous immunisations (you can obtain a copy of this from your previous G.P Practice) before the registration can be processed.

Please sign below to confirm the above information is correct and that you agree that we may use your mobile number to contact you by text regarding your health and to remind you of your appointments at the surgery. Let reception know if you do not want your mobile phone number to be used for this purpose.

Signature

Date