

## Patient Registration Form

Please use BLOCK CAPITALS and answer all Questions. This information is strictly confidential and will form part of your medical record. Once completed please hand it to the receptionist.

### Personal Details

1. Title:  Mr  Miss  Dr  
 Mrs  Ms  \_\_\_\_\_
2. Surname: \_\_\_\_\_
3. First names: \_\_\_\_\_
4. Previous names: \_\_\_\_\_
5. Male  Female
6. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day month year
7. NHS number:  
 (If Known) \_\_\_\_\_
8. Occupation: \_\_\_\_\_
9. Town and  
 Country of Birth: \_\_\_\_\_

10. If you are not from the UK,  
 date of arrival: \_\_\_\_\_
11. Current Harrow Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_
12. Home Telephone: \_\_\_\_\_
13. Work Telephone: \_\_\_\_\_
14. Mobile number: \_\_\_\_\_
15. Email address: \_\_\_\_\_
- Your contact details are very important to us. If they change please let us know ASAP. We may need to contact you urgently and old telephone numbers make this difficult.**

### Previous Details

16. Previous Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

17. Previous GP name: \_\_\_\_\_
18. Address of previous GP: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

### Next of Kin / In Case of Emergency

19. Name: \_\_\_\_\_
20. Relationship to you: \_\_\_\_\_

21. Address: \_\_\_\_\_  
 \_\_\_\_\_
22. Telephone number: \_\_\_\_\_

### Lifestyle

23. Do you live alone? Yes  No
24. Are you a carer for a relative or friend? Yes  No
25. Do you smoke? I used to smoke  I've never smoked  I do smoke:  cigarettes PER DAY
26. Do you drink alcohol? Yes  No   
 If Yes, per WEEK I drink  Pints of beer  Glasses of wine  Spirit measures
27. Please enter if you know:  
 (a) Your Height: \_\_\_\_\_  
 (b) Your Weight: \_\_\_\_\_

### Your Health

28. Please give details of any major illnesses or operations you have had: \_\_\_\_\_ Date: \_\_\_\_\_
- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_

### Your Medications

**If you are taking any regular medications please attach an up-to-date repeat prescription from your last GP. You may be asked to make an appointment to discuss your current medications with a doctor at a later date.**

29. Do you take a regular medication prescribed by a doctor? Yes  No  If Yes, please give details:
- (a) \_\_\_\_\_ (e) \_\_\_\_\_
- (b) \_\_\_\_\_ (f) \_\_\_\_\_
- (c) \_\_\_\_\_ (g) \_\_\_\_\_
- (d) \_\_\_\_\_ (h) \_\_\_\_\_
30. Do you have any allergies? Yes  No  If Yes, please give details: \_\_\_\_\_

### Choice of Pharmacy

31. Please choose your preferred local chemist (ONE only):
- Kings  Boots  Healthways  Stratwicks  
 Williams  Moss  KL  Sainsbury's

**Women's Health**

32. Cervical Smear (Age 25-64) Last cervical smear? Date: \_\_\_\_\_ Result: \_\_\_\_\_

33. Breast Screening: (aged 50-65 only) Date: \_\_\_\_\_ Result: \_\_\_\_\_

**Your Ethnic Group** 34. Please choose one of the 5 sections and then choose your ethnic group:

(Please tick <u>one</u> box only) These ethnic groupings are a national standard and are taken from the 2001 Census	<b>(1) White</b>	<b>(2) Asian or Asian British</b>
	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Scottish <input type="checkbox"/> Bosnian <input type="checkbox"/> Polish <input type="checkbox"/> Kosovan <input type="checkbox"/> Albanian <input type="checkbox"/> Other White – please write in:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> East African Asian <input type="checkbox"/> Sri Lankan <input type="checkbox"/> Tamil <input type="checkbox"/> Other Asian – please write in:
<b>(3) Black or Black British</b>	<b>(4) Mixed</b>	<b>(5) Chinese or Other</b>
<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black British <input type="checkbox"/> Somali <input type="checkbox"/> Nigerian <input type="checkbox"/> Other Black – please write in:	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Black and Asian <input type="checkbox"/> Chinese and White <input type="checkbox"/> Other Mixed – please write in:	<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Arab <input type="checkbox"/> North African <input type="checkbox"/> Iranian <input type="checkbox"/> Kurdish <input type="checkbox"/> Moroccan <input type="checkbox"/> Latin American <input type="checkbox"/> Any other – please write in:
35. Are you an Asylum Seeker or a Refugee? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Language** We can improve the care we offer if we know of any language barriers. We have staff members who speak different languages and receptionists can also book interpreters in many languages if necessary. Please ask for further information.

36. My main spoken language is: \_\_\_\_\_

37. Reading English:

- I have no problems  
 I have some problems  
 I have a lot of problems

38. My main written language is: \_\_\_\_\_

39. Speaking English:

- I have no problems  
 I have some problems  
 I have a lot of problems

**Signature**

The information I have provided is correct. I understand this information will be used exclusively for my healthcare.

Signed:  (a) patient (b) on behalf of patient: \_\_\_\_\_ Date: \_\_\_\_\_What Happens Next?

- Please hand this form to the receptionist along with:
  - a proof of you Harrow address
  - a photo ID
  - your NHS card (if applicable)
  - for children under 16: proof of vaccinations eg. the 'red book'
- Once checked by a receptionist your registration form will then be reviewed by a health care professional at a later date and the data will be entered into your computer record
- You may be contacted to make an appointment with a member of the healthcare team to discuss your health in more detail or for some routine checks eg. Blood pressure, urine test etc.**
- Please see the practice leaflet for details on how to make appointments and access the care we provide

For Office Use Only

Date Applied ____/____/____	Receptionist : approved Initials:	HCA/Nurse : data entered Initials:	1. No appt needed	2. See HCA/Nurse	3. See Dr
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