**Registration Form - Please answer all sections in CAPITAL LETTERS**

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| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ First Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | NHS Number | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | Previous Last Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   Male Female Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sexual Orientation: Heterosexual / Homosexual / Bisexual / Asexual / Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Marital Status: Single / Married / Living with Partner / Widowed / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is your religion?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is your ethnic group?   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  British |  White & Black |  Pakistani |  African |  Chinese | |  Irish |  White & Asian |  Iranian |  Caribbean |  Any Other |   Other, please list:  Current home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Town and country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous UK address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can we contact you by SMS text messages?  Yes  No  Can we contact you via email?  Yes  No  Would you like to arrange appointments, view your clinical records & manage medication online?   Yes  No  Previous GP practice and doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Previous GP address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_  **If you are from abroad** Date you first came to live in the UK:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Your first UK address where you were registered with a GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Postcode: |

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| Main spoken language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Need an interpreter? Yes No  Do you have any sensory (vision/hearing/etc), mobility impairment or disability?  Yes  No  Detail: |

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| Do you have any allergies?  Yes  No  Detail: |

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| Employment Status: Employed / Seeking Employment / Not Employed / Student / Retired  Current occupation:    Please state if you are a military veteran or armed forces reservist: |
| **Next of Kin details.** If registering a child, please list the legal guardian’s information.  Their name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is you next of kin your emergency contact?  Yes  No  Can we discuss your records with your next of kin?  Yes  No | |
| Are you a carer? Yes Do you have a carer? Yes Please list the other persons details  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can we discuss your records with your next of kin?  Yes  No | |

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| **What is your:** Height: Weight: Date it was checked on: |

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| Do you smoke?  Yes  No What do you smoke? How many per day? |
| If ‘No’, have you ever smoked? Date you gave up:  Would like guidance to help stop smoking? Yes  No |

Females; when was your last smear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Men; when was your last testicular **self** examination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| How often do you have a drink containing alcohol? |  Never |  Monthly or less |  2-4 times  a month |  2-3 times a week |  4+ times a week |

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| How many units of alcohol do you drink on a typical day when you are drinking? |  0 or 2 |  3 or 4 |  5 or 6 |  7 to 9 |  10+ |

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| **Ladies**: How often do you have 6 units,  **Men**: How often do you have 8 units,  or more in a single occasion in the last year? |   Never |  Less than monthly |  Monthly |  Weekly |  Daily/ almost daily |

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| Would like guidance regarding alcohol consumption? Yes  No |

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| **Summary Care Records (SCR)** are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.  **The SCR could be used in an emergency if you needed urgent treatment in hospital**  Please choose from the following options:     Yes, I wish to have a **SCR** listing my medication, allergies and any adverse reactions or sensitivities to medication   Yes, I wish to have a **SCR** including the above plus all important medical information held on my GP records   No, I do not want to have a **SCR** |

For more info please see **https://digital.nhs.uk/services/summary-care-records-scr**