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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ First Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHSNumber |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 | PreviousLast 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  NoCan we contact you via email?  Yes  NoWould you like to arrange appointments, view your clinical records & manage medication online? Yes  NoPrevious 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: |

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

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

|  |
| --- |
| Employment Status: Employed / Seeking Employment / Not Employed / Student / RetiredCurrent 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  NoCan 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 detailsName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can we discuss your records with your next of kin?  Yes  No |

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

|  |
| --- |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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+ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

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

|  |
| --- |
| **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**