

NEW PATIENT REGISTRATION



In order for you to be registered with this practice you must be 'lawfully living in the UK, voluntarily for a settled purpose' for over 6 months and reside in the practice area. Please confirm that you fulfil these criteria by signing below:

Signature: Date:

(You will be asked to provide proof of your residency and the following documents are some of those acceptable for this purpose; a NHS medical card, a utility bill, a letter from a host family or college or a passport).

It is very important for both you and us that the details we hold for you are correct and up to date. Please spare a few minutes to complete the following questions and return this form to us. Please tick where indicated.

Thank you.

PATIENT DETAILS

Name: Date of birth:

Address:

Contact telephone number: Work telephone number:

Mobile telephone number: NHS No:

ETHNICITY

British/Mixed Chinese Black/Black British Asian/Asian British Other Ethnic Group

FIRST LANGUAGE

English Other If other please state

SMOKING

I am a smoker I am an ex-smoker I have never smoked

ALLERGIES

Please list any known allergies

HEIGHT (FT/INS OR CMS):

WEIGHT (ST/LBS OR KGS):

HOW MUCH EXERCISE PER WEEK:

FAMILY

Is there anyone **already registered or going to register at** The Birchwood Practice living at the address overleaf?

If so, what is their name:

.....

Who is your next of Kin?

.....

Relationship to you:

.....

Telephone number:

.....

Do you live alone?

Yes No

Do you have any special needs? If so please state:

.....

.....

CARERS/CARED FOR

My carer is / I care for:

.....

Address

.....

Telephone number:

.....

If any of the information changes please inform us as soon as possible so we can amend our records.
The Birchwood Practice is registered under the Data Protection Act.

Thank you for completing this form; it will be treated as highly confidential.

We hope you will be very happy with our practice.