

Ethnicity (please circle below):

WHITE	MIXED	Asian/Asian British	Black/Black British	Other
British	White & Black Caribbean	Indian	Caribbean	Chinese
Irish	White & Black African	Pakistani	African	Other
European	White & Asian	Bangladeshi	Other	
Other	Other	Other		

DOCUMENTATION REQUIRED FOR PATIENTS NEWLY REGISTERING;

1. Photo ID for Adults e.g. Passport, Drivers Licence with patient present
2. Children under age of 16 we require full birth certificate only
3. Current proof of address in practice area e.g. recent Utility Bill, wage slip, Drivers Licence, Bank Statement, Tenancy Agreement, mortgage document, Council Tax Bill or benefits information.
4. Registration form completed incl **DOB, Place of Birth, previous Address and previous GP**
5. **Registration Form Signed**

Patients from **ABROAD** (who have not been registered with a UK GP before)

1. Same as above **PLUS:**
2. Proof of entitlement to be in UK for more than 6 months. **This paperwork is photocopied.**
 - a. (for students a visa or letter from education establishment)
 - b. For workers, a visa, residence permit or work permit

If patient does not fit these criteria they will be treated as a **PRIVATE PAYING PATIENT**

IF PAPERWORK IS NOT PROVIDED WE CAN ONLY REGISTER YOU AS A TEMPORARY PATIENT FOR A MAXIMUM OF 3 MONTHS, UNTIL I.D. ETC IS PRESENTED

WHEN REGISTERING AT PMG IT WOULD BE BEST, IF POSSIBLE, IF YOU COME TO THE SURGERY BETWEEN 12.30 AND 2.00PM OR AFTER 4.30 PM, OUR QUIETER TIMES.

THANK YOU.

Receptionists name: _____ **Photocopies** _____

NEW PATIENT REGISTRATION INFORMATION FORM

Thank you for taking the time to complete this form in as much detail as possible. However, please note that some of the information is being requested by the Department of Health so that we can provide you with a better Primary Care Service.

If you are a new patient to PMG please make an appointment for a **New Patient Check** when you have received our registration confirmation letter as this enables us to introduce ourselves and also to carry out basic checks on your present state of health.

SURNAME:.....

FORENAMES:.....

TITLE:..... DATE OF BIRTH:..... MARITAL STATUS:.....

ADDRESS:.....

..... POSTCODE:.....

TEL NO:..... MOBILE NO:.....

EMAIL:.....

Next of Kin's Full Name and address. Please state relationship to you and their Tel No:

Postcode:..... Tel No:.....

First Language: English..... Other:.....

COMMUNICATION – DO YOU NEED US TO COMMUNICATE WITH YOU IN A DIFFERENT WAY, FOR EXAMPLE LARGE PRINT, BRAILLE, SIGN LANGUAGE, INTERPRETER SERVICES REQUIRED ETC?

IF YES PLEASE ADVISE.....

.....

ALCOHOL (AGE 16+ TO COMPLETE)

How many **units** do you usually drink per week?:.....

What is a UNIT?



A pint of Regular Beer/Larger/Cider is = **2 UNITS**



One bottle of alcopop or can of larger is = **1.5 UNITS**



One small glass of wine (175ml) is = **2 UNITS**



One single small measure of spirits is = **1 UNIT**



One bottle of wine is = **9 UNITS**



SMOKING

Please tick as appropriate:

Current Smoker: How many do you smoke per day?.....

Ex-Smoker Quit Date:..... How many did you smoke per day?.....

Never Smoked Tobacco:

ABOUT YOU:

What is your occupation?.....

MEDICATION? If you require regular medication – please **ATTACH A CURRENT PRESCRIPTION SLIP** showing your current medication requirements so that these may be added to your records.

Do you have any **drug allergies** or other **sensitivities** (i.e. to plasters)?

.....
.....
.....

Your **Past Medical History** (operations, illnesses etc)

.....
.....
.....

Family History (only mother, father, brother or sister who died under the age of 65 and reason)

.....
.....

Are you a carer? (A **carer** is anyone who cares, unpaid, for a friend or family member who due to illness, disability or a mental health problem) If your answer is yes, please give the name and relationship to you of the person you are caring for and we will send out a carers registration pack to you:

Yes..... Name and relationship;.....

Contraception method (for women only):.....