

St Lawrence Surgery New Patient Registration Form

Today's Date:

Please complete in BLOCK CAPITALS and complete a separate form for each family member to be registered.
Please bring proof of address so we can verify that you are living within our practice area.

Full Name:		Home Telephone Number:	
Mr / Mrs / Miss / Ms / Other.....		Work Number:	
Address and Postcode		Mobile Number: (I give consent to the surgery texting me to notify me of my appointments) YES/NO	
		Number:	
Date of Birth:		Gender:	
		Next of kin: (name and Relationship)	
Marital status:	Please tick if you are a Veteran		Next of kin contact number:
Your Religion:		Your main or 1 st language : Do you need an interpreter? YES/NO	
Your Ethnic Origin: (select one)	White (UK)	White (Irish)	White (Other)
Caribbean	African	Asian	Other Mixed Background
Indian / Brit Indian	Pakistani / Brit Pakistani	Bangladeshi / Brit Bangladeshi	Other Asian Background
Other Black Background	Chinese	Other	

Smoking, Alcohol Consumption and Exercise:

Your Blood Pressure Reading (Please write below)			If you have taken your blood pressure from the waiting room machines, please also take the printout to the receptionist		
/					
Your height:	Feet / inches	cm	Your weight:	Stones / lbs.	kg
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
	If yes, how many cigarettes/cigars/tobacco do you smoke in a week?			If yes, what year did you give up?	
If you are a smoker and want advice on how to stop, please tick here:					

How often do you exercise?	No. times per week	Type(s) of exercise:	
How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>	Number of Units		Please also complete attached form
Do you have any allergies			
Where would you like your prescriptions to go? Do you consent to your prescriptions being sent electronically? YES/NO	St Lawrence Surgery Dispensary (Tarring Community Pharmacy) YES/NO Other – Please specify		

Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		

If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u>	
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.	<u>Carer Contact Details:</u>	
	<u>Signed:</u>	<u>Date:</u>
If you are a carer, please tick the appropriate box:	<input type="checkbox"/> I am registered with Carers Support <input type="checkbox"/> I would like to be registered with Carers Support <input type="checkbox"/> I would like more information	

Specific Needs:

The practice recognises that our patients may have diverse communication styles and needs. In line with accessibility standards we have a wide range of facilities to accommodate this diversity, such as a hearing aid T-loop, lowered reception desks and support for children with additional needs and their families. Please use this space to let us know what we can do to help you communicate with us better.

New Patient Health Check

If you would like one, we offer a short consultation with a health care assistant. However, please note that this is not a 'well man' or 'well woman' check, and will consist of simple measurements of your height, weight and blood pressure. If you have a chronic disease that you wish to discuss, or have concerns about any aspect of your health, we would strongly recommend that you arrange a routine appointment with a GP as this would be far more useful in helping us to provide the best care for you.

Patient Feedback

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By giving your feedback, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. Please feedback to us via the St Lawrence Surgery Website, or directly to the Practice Manager jowadey@nhs.net

For more information about the services we offer, please refer to the practice booklet or see our website.