The Community Practice
Central Canvey Care Centre, Long Road, Canvey Island, Essex SS8 0JA
01268 222188

NEW PATIENT REGISTRATION FORM

Patient details – PLEASE PROVIDE PROOF OF THESE DETAILS – If this is difficult please speak to reception

Name	
Address including postcode	
D.O.B	
Home Telephone Number	
Mobile Number	
Ethnicity	
Religion	

Contact

Due to the new law are you happy to receive text message from us	YES	NO
Would the above be your preferred contact from us?	YES	NO
If not please state;		
Do you consent to share your record?		

Your health

Please circle which applies to you - Are you a (please circle appropriate)	Current smoker Ex-smoker Never smoked	
If you are a smoker would you like to be referred to Stop Smoking Service?	YES	NO
Do you drink alcohol	YES	NO
If yes, please note how many units per week	Units per week	
Would you consider yourself alcohol dependent	YES	NO
If yes, Would you like to speak to a healthcare professional about this?	YES	NO
What is your height?		
What is your current weight?		
Are you on repeat medication? If you are please ensure you get at least 1 months' supply from your current GP before transfer & supply us with a repeat request list with this form		

<u>ONLINE Services</u>

Online Services allows you to order prescriptions and book appointments with a doctor.	YES *	NO

ARE YOU A CARER?	YES **	NO

Thank you for choosing The Community Practice – what made you choose our surgery?

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Signature:_____________________________________ Date:____________

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CONSENT TO DISCLOSE CONFIDENTIAL MEDICAL INFORMATION

Patients aged over 13 will need to complete this if they wish a parent / guardian to speak on their behalf

Name:	**DOB:**
Address:	
Telephone Number:	

I hereby consent for your staff to give the agreed information to person / people detailed below:

Name:		**DOB:**
Relationship:		**Tel:**
Address:		
Is this person registered at this practice?	**YES**	**NO**

Please tick as appropriate:

☐ To give out my results only

☐ To discuss all medical information

☐ This authority is to remain valid until such time – please at date to end _ _/_ _/_ _

SIGNATURE:______________________________DATE:____________________

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