

AILSA SURGERY

42 ADMIRAL STREET, GLASGOW, G41 1HU

Date: _____

NEW PATIENT REGISTRATION (age under 16 yrs)

To be completed by parent / guardian

| | | | | | |
|-----------------------|--------------------------------------|-----------------------------|-------------------------------|---------------------------------|------------|
| SURNAME: | | | | | |
| FIRST NAME: | | | TITLE: | | |
| DATE OF BIRTH: | __ / __ / __ | GENDER: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | (tick box) |
| ETHNICITY: | (This is a health board requirement) | | | | |
| Interpreter required? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Language: | | |

CONTACT DETAILS

| | | | | | | |
|--|--------------------|--|--|--|------------------------------|-----------------------------|
| ADDRESS: Including flat no. | | | | | | |
| POSTCODE: | | | | | | |
| TELEPHONE NO: | | | | | | |
| Who does this number belong to: | Eg Mother / Father | | | | | |
| Are you happy to have messages left on this number? | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| MOBILE NO: | | | | | | |
| Are you happy to have messages left on this number? | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you consent to allow the practice to send non-clinical information by SMS to the mobile number? | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| SIBLINGS AT THIS ADDRESS: | Name: | | | | Date of birth: | |
| Other adults living at home address: | Name: | | | | Relationship to child: | |

MEDICATION

| Is your child on any regular medication? Please list below | | |
|--|-----------|-----------|
| DRUG NAME: | STRENGTH: | FREQUENCY |
| | | |
| | | |
| | | |

ALLERGIES

| DRUG NAME: | Type of reaction – eg rash, muscle pain etc |
|------------|---|
| | |

ETHNIC MONITORING

NAME: _____

DATE OF BIRTH: _____

Ethnic Group:

A. White

- Scottish
- Other British
- Irish
- Any other white background (specify) _____

B. Mixed

- Any mixed background (specify) _____

C. Asian, Asian Scottish, Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (specify) _____

D. Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background (specify) _____

E. Other ethnic background

- Any other ethnic background (specify) _____

F. Other

- Prefer not to say
- If you do not know your ethnicity, tick here.