St. George's Crescent Surgery

New Patient Registration Questionnaire

Please complete this form in black ink and tick the boxes which are applicable.

Do you require this form in larger print? Yes ☐ No ☐

Are you classified as having a disability? Yes ☐ No ☐

Title: Dr / Mr / Mrs / Ms / Miss (circle as required)

Forename:...

Surname:...

Address:..

....

....

Postcode:..

Home Phone Number:..

Mobile Number:...

Email:..

Marital Status:

Married ☐   Single ☐

Divorced ☐   Co Habit ☐

Widowed ☐

Date of Birth: ..../........../..........

Dependants: Yes ☐   How Many? ....
                 No ☐

Next of Kin: ....

Relationship to Yourself:.......................................

Contact Number:..

Have you been registered at this Practice previously?   Yes ☐   No ☐

Do you reside with anyone registered at this Practice: Yes ☐   No ☐

If yes give details:...

Status - Please tick which applies to yourself:

International Student ☐   Employed ☐

Asylum Seeker/Refugee ☐   Homeless/Sofa Surfing ☐

Carer's

Are you a carer?   Yes ☐   No ☐

Are you being cared for?   Yes ☐   No ☐

Please state the name & address and contact number of your carer:

....

....

Patient's Health Style Questionnaire

Smoking Status: Never Smoked ☐

Smoker ☐ How many a day?...................................

How many years?...................................

Stopped Smoking ☐ Date Stopped: ....

Smoking Cessation:

Do you attend Smoking Cessation YES ☐ NO ☐

If **No** has Smoking Cessation Advice Slip been given by staff (tick) ☐

Alcohol Consumption: E.g. Pint of beer = 2 unit Small Glass of wine = 1 ½ units

Drinks Alcohol Yes ☐ How many units do you drink per week?…………………………………….

No ☐

Height :……………………………………………………… **Weight** :…………………………………………………….

Please remember that all sections of this form need to be completed and ensure that you provide evidence of your name and address when you hand the registration form back into the Practice otherwise, your registration could be delayed.

Forms of evidence excepted are:

Bank Statement
Council Tax Bill
Utility Bill i.e. Gas/Electric/Water
T.V Licence

Please be aware that if married, you will still have to produce evidence for each person.

If registering any children aged 5 and under, you will need to bring in their 'Red Book' or a complete copy of previous immunisations (you can obtain a copy of this from your previous G.P Practice) before the registration can be processed.

Registration Checked by (staff member):……………………………………………………………………………..

Evidence given of address:………………………………………………………………………………………………………