Mawsley Village Surgery

mawsleymedical
DOCTOR I DISPENSARY

New Patient Registration Form

Date: ____________________

The information that we request on this form is to help us offer you the best advice and treatment that we can. We would ask you to complete this form as far as you are able and then bring it back to the surgery at the time of registration. This will enable us to book an appointment for you to have a new patient check.

PERSONAL DETAILS:

Title: ____________________ SURNAME: ____________________

First Names: ____________________ Date of Birth: ____________________

Address: ____________________

____________________ Postcode: ____________________

Telephone No: Home: ____________________ Work: ____________________ Mobile: ____________________

Email Address: ____________________ Religion: ____________________

Occupation: ____________________

Your Medical History:

Please list any ongoing medical problems you have (e.g. High blood pressure , heart disease, asthma, arthritis, depression , etc)

1) ____________________ Date first diagnosed: ____________

2) ____________________ Date first diagnosed: ____________

3) ____________________ Date first diagnosed: ____________

4) ____________________ Date first diagnosed: ____________

Please list any treatments which you are currently taking which were given to you by a doctor (include the strength of tablets or creams etc. and how often you take them, continue on a separate sheet if needed).

Please list any serious illnesses or operations which you have had in the past but which do not cause any ongoing problems (such as ulcers, jaundice, heart attack, removal of your appendix etc, etc,) and the approximate date of illness.

Please list any drugs or plasters you are allergic to:

Do you smoke tobacco - Yes / No If yes, how many per day ________ Cigarettes/Cigars/pipe (delete as appropriate)

Have you ever smoked - Yes / No If yes, when did you stop ________ years

How much alcohol do you drink each week? (one unit of alcohol is a pub measure if a spirit or a half pint of beer or cider etc)

None ☐ 1-7 units ☐ 8-14 units ☐ 15-21 units ☐ over 21 units ☐ over 40 units

Family History:

Are you - ☐ single ☐ married ☐ separated ☐ divorced ☐ a widow ☐ a widower

Do you have any children - Yes / No

Their names	Their date of birth	Sex

DISEASES THAT RUN IN YOUR FAMILY

Some diseases are passed from parents to children or run in families. If there are people in your family with serious illnesses, this may mean you have some risk of the same illness. Please tell us of the people in your family who have a serious illness so we can tell if you are at risk from these. We need to know what relation the person is to you and what their illness is/was and at what age it was discovered, ie , **'mother had heart attack age 51'. Important illnesses include : heart disease, strokes,cancer, blood pressure, diabetes and many others.**

Please indicate if you taking part in any of the following:

☐ Organ Donor ☐ Blood Donor

For Women

If you are age 50-65 when did you last have a mammogram (breast X-ray)

If you are between 20 and 65 years of age
Date of your last cervical smear

Exercise

How much exercise do you do-

☐ None
☐ Little
☐ Regular
☐ A Lot

This section is for the Practice Nurse to complete

Patient Information:

Height:
Weight:

BMI :
BP:

Urine Test:
Glucose:
Protein:
Blood:

Other:

Patient needs advice on- ☐ Weight ☐ Exercise ☐ Smoking

Patient given advice on contraception: Yes / No

Contraception: ____________________

Vaccinations/smears to be done: ____________________

PLEASE COMPLETE THIS SECTION AS THIS DATA IS REQUIRED BY THE DEPARTMENT OF HEALTH FOR STATISTICAL PURPOSES.

PLEASE TICK ONE OF THE FOLLOWING BOXES.

ETHNIC ORIGIN:

- ☐ White British
- ☐ Other White Ethnic Group
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black British
- ☐ Black, other , non –mixed origin
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Black- other mixed
- ☐ Other Ethnic non-mixed
- ☐ Other Ethnic- mixed origin
- ☐ Irish traveller
- ☐ Other Ethnic Group
- ☐ Ethnic Group not Recorded
- ☐ Ethnic Group Not Given – patient refused