Nork Clinic

New patient registration form (Adult: 16 years and over)

Instructions for completing this form:

1. Complete a separate form for each family member to be registered
2. Complete in BLOCK CAPITALS and tick the boxes as appropriate

Full name:					Home Telephone:	
Title:	MR	Mrs	Miss	Ms	Work Telephone:	
Other: (please state)						
Date of Birth:					Mobile Telephone:	
Gender:	Male / Female / Indeterminate					
Address:					(We will use this to sent appointment, reminders and health promotion details. Please tick here if you do not wish to receive test messages from us):	
Post code:					Name of Next of Kin and Relationship	
Email address:					Next of Kin contact number:	
Maiden Name:					Marital Status:	
How would you prefer us to contact you? (please tick)	Letter		Email		SMS (text)		Phone	
Town and Country of Birth:	Country:		Town:					

Women Only	What is the date of your last smear test:	Date:	Result:
Was this done at your GP Surgery?	Yes / No	Date of last Mammogram (if applicable)	
Have you had a hysterectomy?	Yes / No	If so, when:	
Do you wish to see a doctor in this Practice for contraceptive services?		Yes / No	

Medical History:	Are there any serious diseases that affect your parents, brothers or sisters? Tick all that apply and state family member:			
Diabetes: Who:	Asthma Who:	Thyroid Disorder: Who:	Stroke: Who:	COPD: Who:

Heart Attack (under the age of 60) Who:	Cancer (specify type) Who:	High Blood Pressure: Who:	Any other important family illness. Please state: Who:

Please state any allergies and sensitivities you have to medicines, food and dressings:			
Please state any mental disabilities you have:			
Are you able to administer your own medicines?	Yes / No	If no: please give details, eg. Difficulty swallowing or opening containers:	

What chronic medical conditions have you had?		Date of Diagnosis:	
What operations have you had?		Date:	
What injuries have you had?		Date of injury:	
Please list any tablets, medicines or other treatments you are current taking / undertaking:			

Lifestyle		
Are you currently a smoker?	Yes	No
Have you ever been a smoker?	Yes	No
If you smoke, how many cigarettes / cigars/ tobacco do you smoke in a week?		
Cigarettes:	Cigars:	Tobacco:

Diet and Exercise			
Please enter your height		Please enter your weight	
Feet/inches:	cm:	Kilos/grams:	Stones/lbs:

Sharing our Medical Record
Medical Record Sharing allows your complete GP medical record to be made available to authorised

☐

healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record. If you do not want to share your GP record, tick here:
Summary Care Record contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. If you do not want to have a Summary Care Record, please tick here: ☐
Patient Participation Group (PPG)
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 expressing your interest, 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. If you are interested in getting involved in the PPG, please tick Yes in the box below and we will arrange for the Practice Manager to contact you.

Yes, I am interested in becoming involved in the PPG ☐	No, I am not interested in becoming involved in the PPG ☐

Other Information:

Signature:	
Patient's Signature:	Signature on behalf of patient:

Thank you for completing this form. For more information about the services we offer, please refer to our practice leaflet or see our website: www.norkclinicbanstead.co.uk