

# HGP Hampstead Group Practice

## New Patient Registration Form

Thank you for joining Hampstead Group Practice. To ensure that we have up to date medical and personal details please complete this registration questionnaire.

If you have problems completing any section please ask for assistance.

Please Note: The information you provide is confidential and is subject to the Data Protection Act.

Title (Mr/Mrs/Ms/Miss/Other)..... Male/Female.....

Surname..... First name(s).....

Calling/preferred name .....

Previous surnames (if any) .....

Date of Birth ...../...../..... NHS No (if known).....

### Address

### Contact details

Line 1.....

Home Telephone.....

Line 2.....

Mobile Telephone.....

Line 3.....

Work Telephone.....

Postcode.....

Email.....

*Please note: we may contact you by text message or email.  
Only include details where you are happy to be contacted.*

### Person to be contacted in case of an emergency

Name..... Contact Number.....

What is your relationship to this person? .....

### Personal Details

Your Religion.....

What is your current occupation/profession?

Are you registered disabled? Yes  No

If yes please give details of your disability

.....

.....

Are you a medical student  
at UCLH?

Yes  No

## Carers

*Carers are people who are looking after a friend, relative, partner or neighbour who cannot manage on their own. The person they are caring for or supporting may be elderly or ill, have a disability, have learning difficulties or a mental health problem, or be a child with special needs.*

Are you a carer for someone? Yes  No

If yes are they registered at this practice? Yes  No

Name of the person you care for .....

Contact number for that person .....

Do you have a carer? Yes  No

If yes are they registered at this practice? Yes  No

Name of the person who cares for you.....

Contact number for that person .....

## Medical Details

Allergies (to anything, including medicines)

.....  
.....  
.....  
.....  
.....

Height: .....

Weight: .....

Blood Pressure: .....

*Please ask reception how to use the health pod to answer these details if you are unsure.*

## Past Medical History

Please list any illnesses, operations or other serious medical problems that you have either had in the past or currently have	Date of onset

Office Use Only: Initials of screening GP:



## Alcohol Use

1. How often do you have a drink containing alcohol? (Please circle the appropriate response)

Never	Monthly	2-4 times a month	2-3 times a week	4 or more times a week
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2. How many standard drinks\* containing alcohol do you have on a typical day when you are drinking?

1-2	3 or 4	5 or 6	7 or 8	10 or more
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3. How often do you have 6 or more standard drinks\* on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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\*A standard drink of alcohol (around 10mls or 8g) is contained in:

- A single (25mls) pub measure of spirits
- Half a pint of normal strength beer or lager
- A small (125 ml) glass of standard strength wine (12%)

How many standard drinks of alcohol do you estimate you consume each week? .....

Would you be interested in talking to one of our specially trained members of staff about your drinking?      Yes  No

Signature..... Date .....

## For Office Use Only

Proof of residency [   ]

Form checked and fully completed [   ]

Appointment booked with nurse for HIV test [   ]

Blood test pack for patients over 40 [   ]

Practice leaflet given [   ]

Ethnicity form completed [   ]

Place of birth recorded (including London Borough).....

Date.....

Receptionist's Initials.....