

New Patient Registration Form

Thank you for choosing to join Hampstead Group Practice. You must complete this form accurately, **USING BLOCK CAPITALS**, as the information provided by you forms part of your medical record.

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

The information you provide is confidential and will be kept confidential.

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).....
(day) (month) (year)

Are you aged 40 or above Yes No

IF YOU ARE AGED 40 OR ABOVE, YOU ARE REQUIRED TO HAVE A NEW PATIENT HEALTH CHECK AS PART OF THE REGISTRATION PROCESS. AN APPOINTMENT WILL BE MADE FOR YOU BY THE RECEPTIONIST

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 these details if you are happy to be contacted this way.

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

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Are you or have you ever been a member of the British Armed Forces? Yes No

Family History

Is there a family history of the following?	Yes/No	Immediate family member(s) (<u>only</u> include parents/brothers/sisters)	Age when first diagnosed
Heart attack, angina or bypass surgery			
High blood pressure			
CVA/Stroke/TIA			
Diabetes			
Asthma/COPD			
*Cancer			

*If 'yes' please give details of the site of the cancer:

Smoking

Smoking puts your health at risk, can shorten your life and cause serious illness.

Do you smoke? Yes No If yes, for how many years have you smoked?

If 'Yes' how many cigarettes do you smoke per day?

If 'No', have you ever smoked? Yes No

If 'yes', how many cigarettes did you smoke per day?

For How many years did you smoke?

Please tick this box if you would like an appointment with a smoking cessation adviser

Sexual Health

We offer all new patients testing for HIV and hepatitis, on request. Many people with blood borne viruses such as HIV and hepatitis B and C are unaware that they are infected. In the UK it is estimated that a quarter of people with HIV do not know that they carry the virus. Knowing your status means you can access treatments to keep you fit and healthy and reduce the risk of complications and transmission. If you wish to be tested, please make an appointment at Reception.

Please tick this box if you would like us to send you the screening test request forms

Chlamydia Screening

Free chlamydia testing is available to men and women under 25 who have ever been sexually active. Testing for chlamydia is done with a urine test or a swab test so you don't always need a physical examination by a nurse or doctor. There is no need for a referral; free self-testing kits are available at reception.

Please tick this box if you would like the receptionist to offer you the self-testing kit

Alcohol Use

Alcohol should only be consumed in moderation. Excessive consumption can lead to health problems.

1. How often do you have a drink containing alcohol?

Never Monthly 2-4 times a month 2-3 times a week 4 or more times a week

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

3. How often do you have 6 or more standard drinks* on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

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

5. Please tick this box if you would like to book an appointment with our alcohol worker because of concerns you or your family may have over your drinking.

*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 (85 ml) glass of standard strength wine (12%)

How did you hear about our Practice e.g. web search, NHS choices, word of mouth?

.....

Signature..... Date

For Office Use Only

Form checked and fully completed?

Yes No

Opt Out form completed?

Yes No

Ethnicity form completed?

Yes No

Online access requested?

Yes No Online access form given

Named GP Patient informed.

Yes No Coded on EMIS

Smoking cessation appointment required?

Yes No Appointment booked Details:

BBV test forms required?

Yes No Test forms will be posted to patient by GV.

Chlamydia self-testing kit given

Yes No N/A

New Patient healthcheck appointment required

Yes No Appointment booked Details:

Alcohol advisor appointment required?

Yes No Appointment booked Details:

Practice leaflet given?

Yes No

Receptionist's Name and Initials

.....

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

Date Registered.....