

New Patient (Female Only) Registration Form Insert

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 (Mrs./Ms./Miss/Other)..... Female

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

Calling/Preferred Name:

Previous surnames (if any):

Date of Birth/...../..... NHS No (if known).....
(day) (month) (year)

1. Have you had a hysterectomy? Yes No

If yes, please give reasons. _____

(Please note that if you had a sub-total hysterectomy and the cervix is still in place you will still need to have regular smears.)

2. When was your last cervical screening test (smear test)? _____
(Write **NEVER** if you have not previously had a test.)

3. Where was the test taken? _____
(Which clinic/practice if in the UK; which country if outside UK.)

4. What was the result of your last test? _____

5. When is your next test due? _____

6. Have you ever had an abnormal test or had treatment? Yes No

If yes, give details and the name of the hospital at which you were treated.

If your last test was abroad, you can book to have a test with the Practice Nurse, after which you will then enter the local recall process.

PLEASE GIVE COPIES OF CERVICAL SCREENING RESULTS TO RECEPTION SO THAT YOUR NOTES CAN BE UPDATED