

1.1 New Patient Registration – Patients under age 15

Please complete all parts of the registration process; by doing so you will help us to provide you with more efficient services.

To register with the Practice please **complete pages 2/3/4** of this questionnaire.

The information will help the doctor to make an initial assessment of the patient's health which will help in any future treatment.

Please complete a separate questionnaire for each patient under 15 who is applying. There are two forms to complete for registration:

A. New Patient - Family doctor services registration (GMS1)

Purpose: to obtain basic details about you.

B. New Patient - Health Questionnaire

Purpose: to help the doctor make an initial assessment of your health and assist your future treatment.

A. New Patient - Family doctor services registration

Purpose: to obtain basic details about you.

NHS Family doctor services registration GM51

Patient's details Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.	Previous surname/s	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth	
Home address		

Postcode		Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
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-----	Address of previous doctor
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If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

B. New Patient - Health Questionnaire

PATIENT DETAILS				
Male/Female?		Surname		First names
Address				Postcode
Home tel. no.				

D.O.B (dd/mm/yy)		NHS number	
Mother's name		Father's name	
Mother's address (if different from above)		Father's address (if different from above)	
Mother's email		Father's email	
Mother's mobile tel.		Father's mobile tel.	

Guardian/Fosterer name (if applicable)		Care order type	
Guardian/Fosterer Contact details			

ETHNIC GROUP (circle which applies)				
White British	White Irish	White other	Mixed white&black Caribbean	Mixed white&black African
White & Asian	Pakistani	Indian	Other mixed background	Bangladeshi
Other Asian	Caribbean	African	Other black background	Chinese
Other				

IMMUNISATIONS	
Immunisations	Date

MEDICATION	
Give details of any medication taken (prescribed or otherwise)	
Name of drug	Dosage

PAST MEDICAL HISTORY	
Details of any hospital treatment as an in-patient	
Details of any treatment for any chronic medical conditions	
Dates of any X-ray, MRI or CT scans, Ultrasound	

SIGNATURE parent/guardian/fosterer		Date	
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