**Adult Registration Form**

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| Receptionist Initials: POA/ID Y N  GMS1 Check: NHS No [ ]  Place of birth [ ]  Date of entry into UK [ ]  Sign and date [ ]  Nurse Date Time |

The practice does not discriminate on the grounds of race, gender, social class, age, religion, sexual orientation or appearance, disability or medical condition.

Please let us know if you have any disability and require any information or communication needs.

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of Birth |  |
| Forename |  | Sex | Female [ ] Male [ ] |
| Occupation |  | NHS No. |  |
| Telephone number |  | Marital status |  |
| Address |  | Name and address on previous GP: |  |

Ethnicity:

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Caribbean |  |
| White Irish |  | African |  |
| White Other |  | Black Other |  |
| Mixed White & Black Caribbean |  | Indian |  |
| Mixed White & Black African |  | Pakistani |  |
| Mixed White & Asian |  | Bangladeshi |  |
| Other Mixed Background |  | Other Asian Background |  |
| Chinese |  | Other (please specify): |  |

**Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you need an interpreter?** Yes/No **Do you need a BSL interpreter?** (Sign language) Yes/No

**Your health and medical history:**

Please ask the Receptionist for a Token to check your height, weight and blood pressure and hand the result in with your registration form.

|  |  |  |
| --- | --- | --- |
| Height and Weight | Blood pressure and pulse | BMI |
| Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Blood Pressure \_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Pulse \_\_\_\_\_\_\_\_\_\_\_/min | \_\_\_\_\_\_\_kg/m2 |

Have you ever had any serious illnesses or operations? Yes/No

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies? Yes/No

If yes, please list them here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on prescription medication that you have to take on regular basis? If you please write down name of the medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have **YOU** ever suffered from (please tick):

|  |  |  |  |
| --- | --- | --- | --- |
| Heart attack |  | Asthma |  |
| High blood pressure |  | Thyroid problems |  |
| Stroke |  | Cancer |  |
| Diabetes |  | Epilepsy |  |

Have any of your **FAMILY MEMBERS** ever suffered from (please tell us which family member):

|  |  |  |  |
| --- | --- | --- | --- |
| Heart attack |  | Asthma |  |
| High blood pressure |  | Thyroid problems |  |
| Stroke |  | Cancer |  |
| Diabetes |  | Epilepsy |  |

Smoking status:

|  |  |
| --- | --- |
| **Smoking:** | |
| Do you smoke? Yes/No | How many per day? \_\_\_ |
| Are you an ex-smoker? Yes/No | When did you quit? \_\_\_ |
| Would you like advice on giving up smoking? Yes/No | |

Alcohol:

|  |
| --- |
| **Alcohol:** |
| How often do you have a drink containing alcohol?  Never [ ] Monthly or less [ ] 2-4 per month [ ] 2-3 per week [ ] 4 or more per week [ ] |
| How many drinks containing alcohol do you have on a typical day when you are drinking?  1 or 2 [ ] 3 or 4 [ ] 5 or 6 [ ] 7 to 9 [ ] 10 or more [ ] |
| How often do you have 6 or more drinks on one occasion?  Never [ ] Less than monthly [ ] Monthly [ ] Weekly [ ] Daily or almost daily [ ] |

Female patients only (between the age of 24,5 years to 65 years old):

|  |
| --- |
| **Female patients only:** |
| Have you ever had a cervical smear test? Yes/No |
| Date of last smear: Place of last smear: Result: |

Do you have a carer? Yes/No – **If yes, please speak to reception for further information.**

Would you like HIV testing? Yes/No

|  |
| --- |
| **Emergency contact/Next of Kin:** *Please try and give us different contact details than listed above.*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Patient Agreement Form**

**Before I join the Tottenham Health Centre surgery, I have read and agreed to the following:**

1. I will not attend A&E except in the case of a **genuine emergency**. If for any reason I am unable to come to the surgery and require non-emergency medical treatment, I will dial 111 and seek advice.
2. If I miss two appointments with a doctor or a nurse without prior sufficientnotice, I will receive a warning letter. Following this letter, if I miss one more appointment, I will be **REMOVED** from the practice list. **I understand that by failing to attend appointments I am preventing the practice from offering them to others who are ill and in need of treatment.**
3. I understand that if I am more than 10 minutes late for an appointment, I may not be seen and this will be recorded as a missed appointment. I also understand that even if I am on time, I may not be seen at the designated appointment time (some patients require more than the standard 10 minutes for an appointment – please be considerate; someday it may be you who needs extra time!)
4. I understand that the  **Tottenham Health Centre**  have a zero tolerance policy on abusive behaviour directed towards members of staff, and that if I behave in this manner I may be removed from the practice list.

***I understand and agree to the above policy:***

**PATIENT’S NAME (print)………………………………………………………………………………………………………………**

**SIGNED……………………………………………………………………………………………………………………………………….**

**DATE…………………………………………………………………………………………………………………………………………..**

**NHS SUMMARY CARE RECORD:** Allowing healthcare professionals other than your GP to access your medical summary ONLY when they need to and ALWAYS with your consent.

Please ask at reception for more information.

Do you wish to have an NHS summary record uploaded? Yes [ ] No [ ]