

PERSONAL DETAILS**Have you been registered at this practice before (this helps to locate your records) YES / NO**

Your Name		Your email address	
Tel no Landline		Mobile no	
Next of kin		Relationship	
Next of kin contact details		Tel no	
Are you a carer* *If unsure please ask	Yes / No	If yes who for	

YOUR HEALTH

Do you have any current health conditions for which you are currently receiving treatment?	Yes / No	If yes what	
Are you on any medication or tablets	Yes / No	If yes what	
Do you have any allergies?	Yes / No	If yes what	
Do you smoke?	Yes/ No	If NO have you ever smoked	
<i>As you may be aware stopping smoking reduces the risks to your health. We would advise that you consider these risks and stop smoking. We would like to offer you support to stop and can refer you to a stop smoking advisor. Please make an appointment to see us if you would like help to give up smoking</i>			
Is there anything else that you think it would be useful for us to be aware of :			

FAMILY HISTORY Please let us know if your close family have had or have any of the following

FAMILY MEMBER	Heart Disease		Cancer If yes where	Asthma	Diabetes	Epilepsy	Stroke
	Under 60 yrs	Over 60 yrs					
Father							
Mother							
Sister							
Brother							

ETHNICITY please tick as appropriate

British White		Other mixed		Other Asian		Prefer not to say	
Irish White		White & Asian		Caribbean			
Other White		Indian		African			
Mixed White & Black Caribbean		Pakistani		Other Black			
Mixed White & Black African		Bangladeshi		Chinese			

REGISTRATION INFORMATION FOR THOSE NOT BORN IN THE UK : complete / delete as necessary

Where were you born?		When did you enter the UK? Date:
Have you been registered with any NHS GP before?	Yes / No	