 NEW PATIENT REGISTRATION FORM

**Title**:

**Forename**

**Surname**:

**Previous surname**:

**Address & Postcode:**

**Gender:**

**Date of birth:**

**Age:**

**Place of birth:**

**Contact number:**

**Email Address:**

**NHS Number:**

**Do you consent to receive SMS/E-Mail messages from Withnell Health Centre?**

**Height: Weight:**

**Smoker: Y or N if Y, how many per day? Cigarettes/ Pipe/ Cigar/ Vape**

**Alcohol: Y or N if Y, how much per week? Beer/ Wine/ Spirits**

**Ethnicity**: **Please Circle** from the following….

White British Black British British Asian Chinese Indian Pakistani Bangladeshi Black African

Black Caribbean Black Vietnamese Other non-mixed ethnicity Other mixed origin ethnicity

Other…please specify \_\_\_\_\_\_\_\_\_\_\_\_

**Occupation**: **Who lives with you:**

**Do you have a Carer/ are you a carer?:**

Please **list any Allergies** you have:

**Nominated pharmacy**

………………………………………………………………………………………... Postcode………………………

**IF YOU ARE ON REGULAR MEDICATION:** PLEASE CONFIRM THAT YOU HAVE AT LEAST 1 MONTH SUPPLY BEFORE REGISTERING TO ALLOW FOR THE REGISTRATION PROCESS

To help us trace your medical records please provide

**Your previous UK address**: ……………………………………………………. Postcode………………………

**Your previous Doctors Name & Address**: ………………………………………………………………………………………… Postcode………………………

*Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

Health check

A Health check with our Practice nurse is available for people who are aged 40 to 74, who do NOT have any of the following pre-existing conditions:

* Heart disease
* High blood pressure (hypertension)
* Atrial fibrillation
* Transient ischaemic attack
* Inherited high cholesterol (familial hypercholesterolemia)
* Heart failure
* Chronic Kidney disease
* Diabetes
* Peripheral arterial disease
* Stroke
* Currently being prescribed statins to lower cholesterol
* Previous checks have found that you have a 20% or higher risk of getting cardiovascular disease over the next 10 years

**Are you eligible**: Y or N

This check is designed to spot early signs of Stroke, Kidney disease, Heart disease, Type 2 Diabetes or

Dementia. As we get older, we have a higher risk of developing one of these conditions.

This NHS Health check helps find ways to lower this risk.

Our receptionists will be in contact with you to book this appointment if you’re eligible.

Physical examination

If you wish to have a physical examination, please contact us to arrange this appointment.

The nurse will check your height, weight & Blood pressure. A specimen of urine will also be tested.

Sterile urine containers are available at reception.

**If you are from Abroad**

Please detail your first UK address where registered with a GP:

……………………………………………………………………………………………………………………………..

If previously registered in UK, date of leaving: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Date you first came to live in the UK: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**If you are returning from the Armed Forces**

Which armed forces: ……………………………………………………………………………………………………

Address before enlisting: ………………………………………………………………………………………………

…………………………………………………………… Postcode: ………………………………………………….

Service/personnel Number: …………………………. Enlistment Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_