St. George's Crescent Surgery

New Patient Registration Questionnaire

Please complete this form in black ink and tick the boxes which are applicable.

Do you require this form in larger print? Yes ☐ No ☐

Are you classified as having a disability? Yes ☐ No ☐

If yes please state the disability.....

Title: Dr / Mr / Mrs / Ms / Miss (please delete as required)

Forename:.....

Surname:.....

Address:.....

.....

.....

.....

Postcode:.....

Home Phone Number:.....

Mobile Number:.....

Work Number (if applicable):.....

Email: .....

Marital Status: Married ☐

Single ☐

Divorced ☐

Co Habit ☐

Widowed ☐

Date of Birth:...../...../.....

Dependants: Yes ☐ No ☐

If Yes, how many: .....

Next of Kin:.....

Relationship to Yourself: .....

Contact Number:.....

Have you been registered at this Practice previously? Yes ☐ No ☐

Do you reside with anyone registered at this Practice: Yes ☐ No ☐

If so give details:.....

Carer's

Are you a carer? Yes ☐ No ☐

Name & Date of Birth of the person/person's you care for, if they are registered at this Practice:

.....

Are you being cared for? Yes ☐ No ☐

Please state the name & address of your carer:

.....

.....

Patient's Health Style Questionnaire

Smoking Status: Never Smoked ☐

Stopped Smoking ☐ When?.....

Smoker ☐ How many a day?.....

How many years?.....

Alcohol Consumption: E.g. ½ pint of beer = 1 unit 125ml Glass of wine = 1 unit

Drinks Alcohol Yes ☐ How many units do you drink per week?.....

No ☐

Lifetime Tee Totaler Yes ☐

No ☐

Height :..... **Weight** :.....

Please remember that all sections of this form need to be completed and ensure that you provide evidence of your name and address when you hand the registration form back into the Practice otherwise, your registration could be delayed.

Forms of evidence required are:

1) Photographic ID (Passport or Driving Licence) or birth certificate or a letter from DWP and

2) One of the following documents as proof of address being less than 6 months old;

   Bank Statement
   Council Tax Bill
   Utility Bill i.e. Gas/Electric/Water
   Tenancy agreement

Please be aware that if married, you will still have to produce evidence for each person.

If registering any children aged 5 and under, you will need to bring in their 'Red Book/Child Health Record' or a complete copy of previous immunisations (you can obtain a copy of this from your previous G.P Practice) before the registration can be processed.