

**New Patient Registration Form: Please complete an *individual form* for each member of your family. All information is kept strictly confidential.**

<b>Personal Details</b>		Full Name:	
DOB:	Telephone Landline:		Mobile:
Ethnicity:		First language:	
Email:		Can we contact you by text message?	
		YES	NO
<b>Next of Kin (NOK)</b>	Name:	NOK Relationship:	
NOK Address:		NOK Telephone:	
<b>Carer</b>	Do you regularly care for someone? If yes, please tell us the relationship If no, leave blank	Relationship:	
Do you have a carer? Y/N		Who? Relationship:	

<b>Parents &amp; Guardians</b>	How many children do you have?		<b><i>If none go to next section</i></b>
Name of child/ren	Address (leave blank if same)	School	Who your child lives with
Does your child/children have a social worker?		YES	NO

**Immunisations** play a crucial role in keeping children healthy. We want to ensure your child is up to date with their immunisations according to the UK schedule. Please can you bring in your child's **red book** or **immunisation** record and give to the reception team to take a copy.

<b>Past Medical History</b>	
If you are taking regular medications please can you give us the repeat item list from your latest prescription.	
If you are living with diabetes, asthma or COPD please book an appointment with one of our nurses.	
If you are living with a mental health condition please book an appointment with a Doctor.	
<b>Allergies</b>	Please list any allergies you have to any medications and explain what happens:

<b>Smoking</b>	Do you currently smoke?	YES	NO
	Have you ever smoked?	YES	NO
Smoking can seriously damage your health and others around you. If you are thinking about giving up you can contact Smokefree on 0300 123 1044 or go to <a href="http://www.nhs.uk/smokefree">www.nhs.uk/smokefree</a>			

<b>Alcohol</b>	Please circle your answer – if Never then move on to the next section			
Q1. How often do you have a drink containing alcohol?				
Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	More than 4 times per week
Q2. How many units of alcohol do you drink on a typical day when drinking?				
1-2 units	3-4 units	5-6 units	7-9 units	More than 10 units



Q3. How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily

<b>Sexual Health</b>	Chlamydia & gonorrhoea: Southwark has a higher than average rate of these infections. To get a free confidential home testing kit go to: <a href="http://www.shl.uk/">www.shl.uk/</a>
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<b>HIV &amp; other blood borne viruses:</b> Southwark has a higher than average rate of HIV and Hepatitis; to get tested, please book an appointment with one of our nurses.
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<b>NHS Health check</b>	You can have an NHS Health Check with our practice nurse if you're aged 40 to 74 and you do not already have one of the following pre-existing health conditions: Heart disease / chronic kidney disease / diabetes / high blood pressure (hypertension) / heart failure / atrial fibrillation / transient ischaemic attack / stroke / peripheral arterial disease
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<b>Clinical Research:</b> The Surgery participates in approved National NHS Research Studies to improve care and future treatments. Most of our research studies are performed by accessing information from Medical Records. Your personal information will be anonymous and will be kept confidential. From time to time we may contact you regarding research studies. Please indicate below if you give your consent for us to access your medical records for research purposes:	
YES	NO

<b>PPG:</b> Would you like to receive information and updates from the East Street Patient Group?	
YES	NO