

St George's Medical Centre, Neasden, NW2
New Patient Registration Questionnaire



Please complete this new patient questionnaire for each person registering.

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are new to the country, please bring your passport and proof of entitlement to NHS treatment.

Date _____

| | | | |
|--|------|---|--|
| Surname | | DOB | |
| First name | | Tel Home | |
| Address | | Mobile | |
| Postcode | | Work | |
| Previous address | | Email | |
| Maiden name | | Previous GP | |
| Ethnicity | | Birth Place | |
| Language | | NHS no: | |
| | | Disability | |
| Do you require help with communication? Different languages, BLS, Brail etc. | | Yes/ No If answered Yes what language or format do you require | |
| <i>DATE ENTERING UK</i> | | | |
| <i>Country of Birth</i> | | | |
| <i>If you are visiting this country do you have travel health Insurance</i> | | | |
| <i>Duration of stay</i> | | | |
| <i>Visa Expiry date</i> | | | |
| Summary Care Records | | | |
| The NHS is changing the way your health information is stored and managed. The NHS Summary Care Record is an electronic record of important information about your health. It will only be available to health care staff providing your NHS care. | | | |
| Are you happy to have a Summary Care Record? | Yes | No | |
| Signature | | | |
| For Opt IN or OUT to sharing information with health care providers – SIGN ONLY ONE | Sign | Sign | |



| Medical History | | Y/N | Does a family member have ? |
|-----------------|-------------------------------------|-----|-----------------------------|
| Do you have | Asthma | | |
| | High Blood Pressure | | |
| | Diabetes | | |
| | Heart Problems | | |
| | Depression / mental health problems | | |
| | Hearing problems | | |
| | Limited Mobility | | |
| | Stroke | | |
| Allergies | | | |

| Medication | Name | Strength | Dosage |
|------------|------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Smoking History | | | | Alcohol | Units per week |
|-----------------|--|------------------|--|------------|----------------|
| Never | | | | Wine | |
| Ex-Smoker | | | | Beer/lager | |
| Smoker | | How many per day | | Spirits | |

| Exercise | | | |
|---|-----|--------------------|----------------|
| Do you take regular exercise | Yes | No | Times per Week |
| | | | |
| Y/N | | | |
| I am up to date with vaccinations | | | |
| I am up to date with smears (ladies only) | | Date of last smear | |

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| | |
|---|----------------------------|
| Are You A Carer | YES / NO |
| Do YOU have a carer for yourself YES / NO | |
| Carers Details (if applicable) | Next of Kin Details |
| Name: | Name: |
| Address: | Address: |
| Phone no: | Phone no: |
| Email: | Email: |

| | |
|---------|--|
| Height: | |
| Weight: | |

| | | |
|---|--|-----------------------------|
| <p><u>Patient Access Online</u> We have the facility for you to book appointments on line and also order your prescriptions electronically. If you would be interested in registering for this service please let us know and we can register you when you join the practice.</p> | | <p><u>Email Address</u></p> |
|---|--|-----------------------------|

| | |
|---|--|
| <p><u>Patient Participation Group</u></p> <p>The practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. By expressing your interest you will be helping us to plan ways improving the surgery and improving experience for our patients.</p> <p>If you are interested in being part of our PPG please tick the box below and we will contact you with dates of meetings. If you would like to be added to our mailing list, please include your email address.</p> | |
| <p>Yes I am interested in becoming involved with the Patient Participation Group</p> | <p>Yes</p> |
| <p>Email address</p> | |
| <p>Patient signature:</p> | <p>Signature on behalf of patient:</p> |