

# Town Medical Centre

## New Patient registration Form



**\*Please provide photographic ID and proof of Sevenoaks address with your application\***

You **MUST** complete all parts of the following form. We are unable to accept incomplete application forms.

Title		DOB:	
Forename:			
Surname :			
Previous Surnames:			
NHS No:		Gender:	M / F / Other
Next of Kin		Emergency contact no:	

### Languages and Ethnicity

White British		White Irish		White Other		Black African	
Black Caribbean		Black Other		Indian		Pakistani	
Asian Other		Chinese		White / Black		White / Asian	
Other Mixed							

Country of Birth:	
If outside the UK, when did you arrive in the UK?	
Main Language:	
Do you need an Interpreter?	Yes / No

Home Address:		Previous address:	
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Home Number:	
Mobile Number:	
Work Number:	
Please provide your email address below:	

By providing us with the details above, you consent to us contacting you via any of the means above.

Previous GP name and Address:	
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Are you a carer? Yes  No

Please be advised this is NOT employment status. Are you deemed as caring for a child or adult with disabilities?

Do you have a carer (paid or unpaid)? Yes  No

If yes, please provide details:	
Can we discuss your care with your carer?	Yes / No

Do you consent to us discussing your care with another person? If so please give details:	
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Power of Attorney Status :	
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Please leave blank if this is not applicable. This is to be completed if someone holds LPA for the person aged 18 or over named on this registration form.

### Lifestyle Questions

Do you smoke?	Yes / No	If yes, how many per day?	
Do you use e-cigarettes?	Yes / No	If an ex-smoker, when did you give up?	

Do you drink alcohol?	Yes / No
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Look at the chart below and please answer the following questions



Questions	0	1	2	3	4	Score
How often do you drink alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many drinks would you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

## Health Questions and Medication

Height	CMs
Weight	KGs
Blood pressure	/

Please complete if you know your most recent Blood Pressure

Please list all of your current Medications below. Please make sure you have an adequate supply as the registration process may take up to 14 days.

If you are taking regular medication, you will need to make a telephone appointment with your new GP before we can issue a prescription. Please tick this box if you would like the Reception team to call you to make a new person medication appointment. Please make sure you have at least 2 weeks supply of your medication before completing this form.

Please contact me to make an appointment

When issuing a prescription we will electronically send this to a named designated pharmacy. Please can you provide the name and location of the pharmacy that you wish to use:

Do you have any allergies? Yes  Details   
 No

**THIS SECTION IS TO BE COMPLETED BY FEMALE PATIENTS ONLY**

Are you currently pregnant? Yes  EDD:

No

Date of last Cervical Smear Test

Have you had a Hysterectomy? Yes - Partial Hysterectomy

Yes – Full Hysterectomy incl Ovaries

No

**Patient Participation Group**

A PPG is a group of patients and clinican who meet quarterly to discuss the practice and ways to enhance services within the community. Please tick the box if you DO not want to be a member of the PPG

**Declaration**

**If you are under 18 years old you *MUST* include a copy of your immunisation history.**

The information you have given will be treated in the strictest confidence and retained as part of your medical record. By signing this declaration you confirm that all of the above is true and correct to the best of your knowledge.

Signed:

Date:

*For office use only*

Uploaded onto Emis

Completed in Registrations

Cut down prepped

Named allocated clinician: