

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

Personal Details	Full name:		
DOB:	Telephone Landline:	Mobile:	
Ethnicity:		First Language:	
Next of Kin (NOK)	Name:	NOK Relationship:	
NOK Address:		NOK Telephone:	
Carer	Do you regularly care for someone?	Yes	No
			Relationship:
Do you have a carer?	Yes	No	Who/Relationship:

Parents and Guardians	How many children do you have?		<i>If none go to the next section</i>
Name of child/ren	Address (leave blank if the same)	School	Who your child lives with
Does your child/children have a social worker?		Yes	No
<p>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.</p>			

Past Medical History
<p>If you are regularly taking medications please book an appointment with our practice pharmacist.</p> <p>If you are living with diabetes, asthma or COPD please book an appointment with a member of the nursing team.</p> <p>If you are living with a mental health condition please book an appointment with a GP.</p>

Allergies	Please list any allergies you have to medications and explain what happens:
<div style="border: 1px solid black; height: 40px;"></div>	

Smoking	Do you currently smoke?	Yes	No	Have you ever smoked?	Yes	No
<p>Smoking can seriously damage your health and others around you. If you are thinking about giving up you can contact our reception team on 020 7703 7393 or the Southwark specialist stop smoking team on 0800 169 6002, and they can advise you how and where to get help.</p>						

AlcoholHow many units do you drink per week? **This is one unit...****Half pint of regular beer, cider or lager****1 very small glass of wine****1 single measure of of spirit****1 small glass of sherry****1 single measure aperitifs**

Please answer all of the questions below: If your answers are underlined it indicates that you are at increased risk of harmful drinking. If you would like to discuss your drinking further please book an appointment with a GP or nurse.

How often have you had 8 (men)/6 (women) or more units on a single occasion?	Never	Less than monthly	<u>Monthly</u>	<u>Weekly</u>	<u>Daily or almost daily</u>
How often in the last year have you not been able to remember when drinking the night before?	Never	Less than monthly	<u>Monthly</u>	<u>Weekly</u>	<u>Daily or almost daily</u>
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	<u>Monthly</u>	<u>Weekly</u>	<u>Daily or almost daily</u>
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		<u>Yes, but not in the last year</u>		<u>Yes, during the last year</u>

Sexual Health

Chlamydia and gonorrhoea: Southwark has a higher than average rate of these infections, self-testing kits are available at the practice. Please ask at reception for more information.

HIV and other blood borne viruses: Southwark has a higher than average rate of HIV and hepatitis; to get tested come along to one of our walk-in blood test clinics. Please ask at reception for clinic times.

Blood Pressure

If you are aged 16 years or over please use our waiting room blood pressure machine and give the print out to a receptionist.

NHS Health Check

If you are aged between 40 -75 years old and you have not had a free NHS health check in the last 5 years, please book an appointment with a member of the nursing team.

Would you like to receive updates and local information from our Patient Group?

Yes

No

Email: