

NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

Dear Patient:

To register with the practice, please complete this questionnaire as fully as possible. The information will help the doctor make an initial assessment of your health which will help in your future treatment. Patients will be asked to attend the practice for an initial consultation and some basic checks.

NHS Number: Title:

Surname: Forename(s): Date of Birth:

Marital status: Previous Surname:

Current Address:

..... Postcode:

Home tel: Mobile:

Previous Address.....

.....

.....Postcode:

Email address:

Previous GP Name & Address.....

.....

.....

First language: Do you require an interpreter? *Yes / No*

Country of Birth: Date you first entered to live in UK:

Ethnic Origin

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

	British
	Irish
	Any other white background, please state:

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background, please state:

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background, please state:

D Black or Black British

	Caribbean
	African
	Any other black background, please state:

E Chinese or other ethnic group

	Chinese
	Any other, please state:

General

Are there any other issues which cause you concern or would you like advice on any other health problems? Please give details below:

Date of completion of this form:

Thank you for completing this questionnaire. Your doctor will assess the information provided and will invite you for an initial examination, discussion about your health, and general check within the next few days.

OFFICE USE ONLY	
<i>Proof of Address 1</i>	
<i>Proof of Address 2</i>	
<i>Photo ID</i>	
<i>Checked By:</i>	
<i>New Patient Appointment Date:</i>	