

**Kingsthorpe Medical Centre
New Patient Registration Form**



Please complete this confidential questionnaire (one questionnaire must be completed for each member of the family that is to be registered with the Practice).

Please complete the questionnaire in BLOCK CAPITALS.

If you have recently arrived in the United Kingdom, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete both sides of this form.

Full name: Ethnicity:
Date of birth: / / Occupation:

Full Address:
.....
.....
..... Post code:

Do you have any current medical problems (e.g. asthma, diabetes, high blood pressure?) – Yes / No

If yes, please provide details:
.....
.....
.....

Current Medication. Please list what you are taking and the dosage:
.....
.....
.....

Are you allergic to anything (e.g. medications or foods)? – Yes / No
.....
.....
.....

Have you had any major illnesses or operations in the past? – Yes / No
If yes, please provide details:
.....
.....
.....

Has any member of your family (including your grandparents, parents, aunts, uncles, brothers or sisters) ever suffered from:
Diabetes – Yes / No
Heart attacks – Yes / No
Angina – Yes / No
Strokes – Yes / No
High blood pressure – Yes / No

Do you smoke? Yes / No.
If yes how many cigarettes a day do you smoke?

Do you drink alcohol? Yes / No. If yes how much on average per day / per week

Please complete both sides of this form.

**Kingsthorpe Medical Centre
New Patient Registration Form**



Do you have any dietary restrictions (e.g. are you vegetarian)? Yes / No
If yes, please provide details:

.....
.....

How much exercise do you take per week?

.....
.....

Are you a current or ex armed forces personnel (i.e. a veteran)? Yes / No
If yes when did you serve? / / to / /

Are you a carer? Yes / No.
(This includes caring for relatives and neighbours who have long-term conditions, or someone who is drug or alcohol-dependent).
If yes, please provide details of who you care for?

.....
.....

Would you like us to pass your details onto Northamptonshire Carers? Yes / No

When was your last tetanus jab? / /

Ladies only:

When was your last cervical smear? / /
What was your result?

Are you currently pregnant? Yes / No
If yes when is your expected due date: / /

If you need to provide further information please do so in the space below.

Surgery Use only:

Height Weight BP Urinalysis
Ex-service coding: Xa8Da

Last Updated: Oct 2015

Please complete both sides of this form.