

CONFIDENTIAL**REGISTRATION FORM – ST LUKES HEALTH CENTRE**Please complete in **FULL** using **BLOCK CAPITALS**

| | | | | | |
|---|--|---|--|--|--|
| Title: | | Forename: | | Surname: | |
| Date of Birth: | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | | Indeterminate/Unknown <input type="checkbox"/> | |
| Town & Country of Birth: | | Ethnic Origin: | | Language: | |
| Address: | | | | Religion: | |
| Contact tel: | | Mobile: | | Home: | |
| Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law Partnership <input type="checkbox"/> | | | | | |
| Next of Kin/Contact in an Emergency - | | | | | |
| Name: | | Tel no: | | | |
| Relationship to you: | | | | | |
| Do you suffer from any of the following: (answer YES or NO) | | | | | |
| Asthma (needing inhalers in the last year) | | | | Under-active thyroid (hypothyroidism) | |
| Diabetes – Type 1 | | | | Stroke | |
| Diabetes – Type 2 | | | | Mini-strokes/TIAs | |
| Epilepsy | | | | Atrial Fibrillation | |
| Depression needing treatment | | | | Cancer | |
| Anxiety needing treatment | | | | Obesity | |
| Serious mental health problems | | | | Raised blood pressure needing treatment | |
| Anorexia Nervosa | | | | Heart disease | |
| Bulimia Nervosa | | | | Kidney disease | |
| Do you have any other medical problems not listed above? | | | | | |
| Are you currently taking any medication? | | | | | |
| Are you allergic to any medications? | | | | | |
| Do you have any other allergies? | | | | | |
| Height: cm | | Weight: kg | | | |
| Are you registered disabled? | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Are you a carer for anyone? | | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | |
| Do you smoke? | | | | | |
| Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Current smoker <input type="checkbox"/> Please state how many a day | | | | | |
| Would you be interested in some advice on how to quit to smoking? | | | | | |
| If you do not consent to your medical information being shared with other NHS organisations please tick the box <input type="checkbox"/> | | | | | |

Please note:

From April 2014 all practices are required to provide all patients with a named accountable GP who has overall responsibility for the care and support that our surgery provides you.
 You will be allocated a named GP once you have registered with us.

This does not prevent you from seeing any other GP in the practice.

Individual patients will be informed of their named accountable GP at the first appropriate interaction with the practice, but please feel free to ask the receptionists when you are next in the surgery.