

Maywood Healthcare Centre

For office use:

What photo ID seen? Passport? Drivers licence?	What proof of address seen?	Checked by & date:	Entered by & date?	Any other relevant info:
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New Patient Information Form

Please complete this confidential questionnaire (one for each member of the family to be registered with the practice)

Please complete in BLOCK CAPITALS and tick the boxes as appropriate

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment

First Name:	NHS Number (If Known):			
Surname/Family name:	Date of birth: (Day / Month / Year)			
Title: Mr / Mrs / Miss / Ms / Mx / Other ...	Gender:	Male:	Female:	Other:
Work Number	Mobile Number:			
E-mail Address:	Names & Ages of Children under 16 years old:			
Occupation:				
Next of Kin name and contact number:				
Relationship to above:				
Are you a carer for a loved one/Friend? - if so please state relationship				

Your Ethnic Origin: (select one)	White (UK)	White (Irish)	White (Other)	Ethnic Category not stated				
	Caribbean	African	Asian	Other Mixed Background				
	Indian / Brit Indian	Pakistani / Brit Pakistani	Bangladeshi / Brit Bangladeshi	Chinese				
	Other Asian Background	Other Black Background	Other					
Your main or 1st language Spoken / Understood: (Select one)	English	Hindi	Gujurati	Urdu	Bengali / Sytheti	Punjabi	Polish	Ukrainian
	French	German	Spanish	Other: (Please specify)				

Height:	Feet & inches	CM	Are you a current smoker?	Yes or No
Weight:	Stones & pounds	Kilos	If yes, how many do you smoke in a week?	
How often do you exercise?			If no, have you ever been a smoker? When did you stop?	

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What type of exercise?		What did you smoke? Cigar / cigarette / pipe / other	
Have you ever served in the British Armed forces (commissioned or non-commissioned)?		If yes, which?	
Are you a dependent of a current or former serving member of the British Armed Forces (commissioned or non-commissioned)?		If you are no longer a dependent of a member of the armed forces, please say yes here:	
How much alcohol do you drink in a week (units)? <small>(One unit = 1 small glass of wine, a single measure of spirits or half pint of beer)</small>		If you are a smoker, can we refer you to the smoking cessation clinic?	Yes
			No

If you have had any serious illnesses, please state what you had & when?	
What operations have you had and when?	
Do you have any medical problems at present?	

MEDICATION: If you are on regular medication, please attach your last repeat slip.

Women only:				
When was your last smear done?	Date:	Was this at your GP's Surgery?	Yes	No
What was the result of the smear?				
What was the date of your last mammogram (if applicable):	Date	Method of contraception (if used):		

Your Medical Records:	
The NHS are changing the way your health information is stored and managed. Please read the following statements carefully before responding. Please note: We do not sell or give your info to anyone outside the NHS.	
We will send you emails if you sign up to use our Online Services to see your medical record and book appointments online, if you do not wish to receive emails please tick this box:	
We sometimes make contact with you via your mobile (e.g. appointment confirmations). If you do not want this option please tick box:	
If you are referred to another NHS service, we would like to share your medical record with them. They will only be able to see the information once you have given them permission to see it. It will not be seen by them until you have given them consent to access it. If you WOULD like us to share your record with other NHS services, please tick this box:	

Patient Signature:		Signature on behalf of Patient:	
Date:		Date:	

Thank you for completing this form

For more information about the services we offer, please refer to our Practice leaflet. Available at reception or on-line at www.maywoodsurgery.com