

**NEW PATIENT INFORMATION** - Date \_\_\_\_\_

*All new patients are asked to book a New Patient Check Appointment*

Surname \_\_\_\_\_ Previous Surname(s) \_\_\_\_\_

First Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Town/Country of birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

Mobile Tel No. \_\_\_\_\_ (for text reminder service)

Mother's Surname \_\_\_\_\_ NHS No if known \_\_\_\_\_

Next of Kin \_\_\_\_\_ Tel No \_\_\_\_\_

Relationship \_\_\_\_\_ (blood relation/spouse/civil partner)

Have you ever been registered with this practice before? Yes / No (please circle)

If yes, under what name? \_\_\_\_\_

**General History**

Have you any allergies to medicines or anything else? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ (If you would like help to give up, ask for an appointment with a smoking cessation nurse adviser).

Have you ever smoked? Y/N When did you give up \_\_\_\_\_

How much alcohol do you drink per week? \_\_\_\_\_ Units  
(1 Unit = ½ pint beer, 1 glass wine, 1 glass sherry, 1 measure spirits)

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Ethnic Origin** (required for NHS statistical purposes) Please tick one:

**First Language** \_\_\_\_\_

- |                                   |                                       |                                 |
|-----------------------------------|---------------------------------------|---------------------------------|
| _____ White British               | _____ British/mixed British           | _____ Irish                     |
| _____ White other                 | _____ White & Black Caribbean         | _____ White&Black African       |
| _____ White & Asian               | _____ Other mixed                     | _____ Indian/British Indian     |
| _____ Pakistani/British Pakistani | _____ Bangladeshi/British Bangladeshi |                                 |
| _____ Other Asian                 | _____ Caribbean                       | _____ African _____ Other black |
| _____ Chinese                     | _____ Other                           | _____ Information refused       |