Pentlands Medical Centre

New Patient Registration Form

Welcome to Pentlands Medical Centre. In order for us to provide you with the most appropriate care we would be grateful if you would complete and return the attached questionnaire along with the following documents.

1. Photographic ID (passport, ID card or driving licence)
2. Proof of address in your name (i.e. Mortgage / rental agreement, utility bill, bank statement, current employment details. Failure to produce documentation within four weeks will result in automatic de-registration.

It is important that we establish your 'Right to NHS Treatment'; before you join the practice, and in order to do this we ask that you supply us with documentation such as a passport or working visa.
If you are a spouse of someone who has a working visa you will be asked to provide a marriage certificate or proof of co-habitation before your registration will be accepted.

Children under 16 are covered by a parent's application.

If you are unable to provide the required documentation you will not be allowed to register at this practice under the National Health Service and you will be required to pay for any consultation / treatment you receive. If you require further information regarding your 'Right to NHS Treatment' please ask at reception. Alternatively you can access the most up to date information by visiting our website at www.pentlandsmc.co.uk.

We offer a registration appointment to check your blood pressure, record your height and weight and other important information about your health before we receive your past health information. Please indicate below if you would like to have a registration appointment. We will call you and arrange a date and time convenient to you.

☐ **Yes, I would like to be offered a registration appointment.**

DATE:

Name :	Please select: Mr. Mrs. Miss. Dr	**Tel. No**: Home	
		Work	
Address		Mobile No	
		Postcode	
Date of Birth		**Country of Birth**	

Height	
Weight	

Smoking Status

Never Smoked Tobacco ☐

Ex Smoker ☐ **Date Stopped**

Current Smoker, if yes, how many per day? ☐

You will be aware that smoking is bad for your health. We have nurse run smoking cessation clinics at the surgery. If you are interested in stopping smoking please arrange an appointment at reception.

Alcohol Consumption

The recommended weekly alcohol units are 14 for female and 21 for male. Please state below what you think your **average weekly alcohol intake** is based on the following guidelines: 1 Pint medium strength beer 2.8 units

1 **Small** glass wine (11%) 1.4 units

1 single measure of spirit 1.4 units

None ☐ 1 – 7 ☐ 8-14 ☐ 15 -21 ☐ 22 –30 ☐ +31 ☐

Blood Pressure

Guidelines for good practice advise that patients over the age of 40 have their blood pressure checked once every 5 years. If you have not had this done you can make an appointment with the healthcare assistant to do so.

General History

Have you ever suffered from any of the following:

	Yes	No		Yes	No
Heart attack or Angina	☐	☐	Stomach Diseases	☐	☐
Stroke or Ministroke	☐	☐	Bowel Disease	☐	☐
Diabetes	☐	☐	Kidney / Bladder Disease	☐	☐
Asthma	☐	☐	Gynaecological Disease	☐	☐
Other Chest or Lung Disease	☐	☐	Ear Disease	☐	☐
Mental / Nervous Disorder	☐	☐	Skin Disease	☐	☐
High Blood Pressure	☐	☐	Arthritis	☐	☐
Other Significant illness	☐	☐			

(Please specify)……

Have you had any operations? Yes ☐ No ☐

If yes please specify……..

Do you have any allergies to drugs or anything else? Yes ☐ No ☐

If so, please specify ……

Are you on any regular medication (including contraception)? Yes ☐ No ☐

If yes, please tell us the name and dose of the medication;-

……..

……..

We would encourage you to make a GP appointment to ensure that regular medications are added to our repeat prescribing system if that is appropriate.

Family History

Have any of the following relatives - mother, father, brother, sister had

	Yes	No		Yes	No
A heart attack below the age of 60	☐	☐	A stroke	☐	☐
A heart attack above the age of 60	☐	☐	Very high cholesterol	☐	☐
Diabetes	☐	☐	Asthma	☐	☐

If yes, please specify relation, age and illness:- ……..