WARLEY MEDICAL CENTRE

Ambrose House, Kingsway, Oldbury, B68 0RT

Tel: 0121 421 8400 Email: [warleymedicalcentre@nhs.net](mailto:warleymedicalcentre@nhs.net)

NEW PATIENT REGISTRATION FORM

**PLEASE COMPLETE THIS FORM IN FULL**

You may return form to surgery by hand, post or email. You may contact the surgery after 7 days for an update

**ONE FORM PER PATIENT IS REQUIRED** Questions irrelevant to you and/or children can be left blank

**REQUIRED DOCUMENTS FOR REGISTRATION**

ADULTS: Proof of name and address is preferred for verification purposes e.g. Driving Licence, Passport or Utility Bill

UNDER 16: Full birth certificate & copy of immunisation history from Red Book

NEWBORNS: Copy of front page of Red Book

**PLEASE ENSURE YOU HAVE A MONTHS SUPPLY OF MEDICATION FROM YOUR CURRENT GP SURGERY**

*THIS GP SURGERY FOLLOWS NHS ZERO TOLERANCE GUIDELINES – ABUSIVE PATIENTS WILL BE REMOVED FROM OUR LIST*

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| **TITLE** | **DATE OF BIRTH** |
| **FIRST NAME** | **NHS NUMBER – Your previous surgery will be able to give this to you if you do not know it.** |
| **MIDDLE NAME(S)** | **GENDER** |
| **SURNAME** | **MARITAL STATUS** |
| **PREVIOUS SURNAME IF DIFFERENT** | **OCCUPATION** |
| **HOME ADDRESS** | **PREVIOUS HOME ADDRESS** |
| **HOME TELPHONE NUMBER** | **MOBILE TELEPHONE NUMBER** |
| **WORK TELEPHONE NUMBER** | **EMAIL ADDRESS** |
| **NEXT OF KIN NAME & RELATIONSHIP** | **NEXT OF KIN ADDRESS & CONTACT DETAILS** |
| **PREVIOUS DOCTOR NAME AND ADDRESS** | **REASON FOR LEAVING PREVIOUS DOCTOR** |
| **TOWN & COUNTRY OF BIRTH** | **IF NOT BORN IN UK, WHAT DATE DID YOU ENTER UK?** |
| **IF NOT BORN IN UK, ARE YOU IN UK PERMANENTLY?** | **IF NO, HOW LONG IS YOUR STAY IN THE UK?** |
| **ARE YOU PART OF THE ARMED FORCES?** | **IF YES, WHAT IS YOUR SERVICE?** |
| **YOUR MAIN SPOKEN LANGUAGE** | **IF NOT ENGLISH, DO YOU REQUIRE AN INTERPRETER?** |
| **YOUR ETHNICITY** | **YOUR RELIGION** |
| **ARE YOU REGISTERED AS DISABLED?** If yes, please specify details | **ARE YOU HOUSEBOUND?** |
| **DO YOU HAVE ANY SPECIAL NEEDS WHEN VISITING THE SURGERY?** If yes, please specify details | **DO YOU HAVE A CARER OR ARE YOU A CARER YOURSELF?** If yes, please specify details |
| **LIST YOUR MEDICAL PROBLEMS/CONDITIONS/ILLNESSES/PREVIOUS OPERATIONS** | |
| **LIST YOUR CURRENT MEDICATION** (attach a copy of most recent repeat medication slip from your current GP) | |
| **PLEASE STATE YOUR NOMINATED CHEMIST AND THE POST CODE** (where you want your prescriptions to be sent?)  **PLEASE BE AWARE YOU CANNOT ORDER PRESCRIPTIONS OVER THE PHONE. Email address is warley.precscriptions@nhs.net** | |
| **LIST ANY KNOWN SENSITIVITIES OR ALLERGIES** | |
| **WHAT IMMUNISATIONS HAVE YOU HAD? – ATTACH COPY FROM RED BOOK OR IMMUNISATION HISTORY**  diphtheria  measles  tetanus  polio  MMR  whooping cough  pre-school booster  influenza  other (please specify) | |
| **HEIGHT in feet/inches OR cm** | **WEIGHT in kg OR stone** |
| **SMOKING STATUS**  Non-Smoker  Ex-Smoker  Smoker | **IF SMOKER, HOW MUCH DO YOU SMOKE IN A WEEK?** |
| **ALCOHOL INTAKE**  How often do you have a drink containing alcohol?  Never  Monthly or less  2-4 times a month  2-4 times a week  4 or more times a week  How many units of alcohol do you drink on a typical day when you are drinking?  N/A  1 or 2  3 or 4  5 or 6  7 or 8  10 or more | **ALCOHOL INTAKE**  Men only: How often have you had 8 or more units on a single occasion in the last year?  N/A  Less than monthly  Monthly  Weekly  Daily or almost daily  Women only: How often have you had 6 or more units on a single occasion in the last year?  N/A  Less than monthly  Monthly  Weekly  Daily or almost daily |
| **WOMEN ONLY: WHEN WAS YOUR LAST SMEAR DONE AND WHAT WAS THE RESULT?** | **WOMEN ONLY: WHEN WAS YOUR LAST MAMMOGRAM AND WHAT WAS THE RESULT?** |
| **WOMEN ONLY: ARE YOU CURRENTLY PREGNANT?** | **WOMEN ONLY: DO YOU HAVE ANY HISTORY OF FGM / FEMALE GENITAL MUTILATION?** |
| **HAVE YOU EVER EXPERIENCED DOMESTIC VIOLENCE?** | **ARE YOU INVOLVED WITH ANY SOCIAL SERVICES?** |

CONSENT TO SHARE RECORDS

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| **YOUR CARE CONNECTED RECORD**  A new NHS service is being implemented across Birmingham, Sandwell and Solihull which will allow the doctors, nurses and other registered healthcare professionals working in local hospitals to view information from your GP record, only with your permission, to provide you with better and safer care. A leaflet is available if required. Parents/Guardians must answer on behalf of children.  Are you happy to have a YOUR CARE CONNECTED RECORD?  YES  NO  I require more time to decide |
| **SUMMARY CARE RECORD**  The NHS is changing the way your health information is stored and managed. The NHS Summary Care Record is an electronic record of important information about your health. It will be available to healthcare staff providing your NHS care. Parents/Guardians must answer on behalf of children.  Are you happy to have a SUMMARY CARE RECORD?  YES  NO  I require more time to decide |

PATIENT PARTICIPATION GROUP

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| **PATIENT PARTICIPATION GROUP**  Warley Medical Centre is committed to improving the services we provide to our patients. The PPG is a patient-run group that meets every two months to discuss patient services, practice suggestions, promote health education and participate in fundraisers. The main objective of the PPG is to enhance communication between the patient population and Warley Medical Centre doctors and staff.  Are you interested in becoming involved in the Patient Participation Group?  YES  NO  I require more time to decide |

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| SIGNATURE |  |
| PRINT NAME |  |
| DATE |  |

*Staff to Check:*

*Form completed fully and signed*

*ID attached*

*Immunisation history attached*

Form accepted by;

HEALTH VISITORS REGISTRATION FORM

PATIENTS UNDER 5 & NEWBORNS ONLY

Please complete this form as much as possible – we will then forward it to the Health Visiting Team

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| **NAME** | **NHS NUMBER** | **DATE OF BIRTH** |
|  |  |  |
| **PREVIOUS ADDRESS** | **CURRENT ADDRESS** | **CONTACT DETAILS** |
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| **SCHOOL/NURSERY** | **PREVIOUS GP** | **NEW GP** |
|  |  | Warley Medical Centre  Ambrose House  Kingsway  Oldbury  B68 0RT |

**OTHER CHILDREN IN THE FAMILY**

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| **NAME** | **NHS NUMBER** | **DATE OF BIRTH** | **SCHOOL/NURSERY** |
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| **MOTHER** | **NHS NUMBER** | **SINGLE PARENT? YES OR NO** |
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| **FATHER** | **NHS NUMBER** | **SINGLE PARENT? YES OR NO** |
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| **MAIN SPOKEN LANGUAGE** | **INTERPRETER REQUIRED? YES OR NO** |
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| **LINKED HEALTH VISITOR / SHN** |
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