**HOW TO COMPLETE FORM**

1. Please ensure GSM1 (purple form) is fully completed.
2. Please ensure your name is spelt correctly and full name is on form
3. **Please include your NHS number**. You can get it by calling your old GP or use <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/>
4. Please ensure your date of birth is filled in.
5. If you have previously registered with the NHS, please complete your previous GP’s details.
6. If you are from abroad and have never registered with a GP in the UK, please enter the date you entered the UK and the name of your town/village
7. If your child is up-to-date with their immunisations please attach a copy to this form. If your child has arrived from abroad please ensure you have a copy of their immunisations translated in English.
8. **PLEASE SUBMIT A FORM OF IDENTIFICATION ALONG WITH COMPLETED FORM, IN ORDER TO HAVE A NEW PATIENT CHECK**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY:** | | | | | | |
| Identity Documents |  | Vaccination Records |  | Medication List |  | Checked by: |

**Darlaston Medical Centre**

**Today’s Date:**

# New Patient Registration Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** | | | | | | **Telephone Number:** | | |
| **Mr / Mrs / Miss / Ms / Other……..** | | | | | | **Work Number** | | |
| **Address and Postcode** | | | | | | **Mobile Number:** | | |
| **Date of Birth:** | | |
| **E-mail Address:** | | |  | | | | | |
| **Occupation:** | | | | | |  | | |
|  | | | | | | | | |
| **Your**  **Religion:** | **C of E** | | **Catholic** | **Other Christian (state)** | | **Buddhist** | **Hindu** | **Muslim** |
| **Sikh** | | **Jewish** | **Jehovah’s Witness** | | **No religion** | **Other religion (state)** | |
|  | | | | | | | | |
| **Your Ethnic Origin:**  **(select one)** | | | **British**  **9i0** | | **White (Irish)**  **9i1%** | | **White (Other)**  **9i2%** | |
| **Caribbean**  **9i3** | | | **African**  **9i4** | | **Asian 9i5** | | **Other Mixed**  **Background 9i6%** | |
| **Indian /**  **Brit Indian 9i7** | | | **Pakistani /**  **Brit Pakistani 9i8** | | **Bangladeshi / Brit Bangladeshi 9i9** | | **Other Asian**  **Background 9iA%** | |
| **Other Black**  **Background** | | | **Chinese**  **9iE** | | **Other**  **9iF%** | | **Ethnic Category**  **not stated 9iG** | |
|  | | | | | | | | |
| **Your Medical Background:** | | | | | | | | |
| **Do you have any medical problems or disabilities at present?** | |  | | | | | | |
| **Please list any tablets, medicines you are taking and attach a copy of list from previous GP** | |  | | | | | | |

**Summary Care Records**

**The NHS are 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 health care staff providing NHS care. An information pack has been provided.**

***Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).***

***The Consultation will also establish relevant past medical and family history, including:***

* ***Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health***
* ***Social factors - employment, housing, family circumstances***
* ***Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.***

**Thank you for completing this form**