Rosemary Medical Centre
2 Rosemary Avenue, London, N3 2QN

OFFICE USE ONLY Please tick date and initial.
Photo ID seen:
Document Type (Proof of Address):
Initials: Date:

NEW PATIENT TEMPLATE

AGE 16YEARS+

Title:		First name:	
Surname:		Current Surname:	
		Previous Surname:	
Address:			
Postcode:			
Home Telephone:		Mobile Telephone:	
Email Adress:			
Marital Status:			
Next Of Kin Contact Name:			
Emergency Contact Number:			
Next Of Kin Contact Relatiionship:			
Is the family registered at this practice		Yes/No Any details:	
Country of Birth:			

ETHINICITY (Please tick ☐ a box)

White British ☐
White Irish ☐
Other White Background ☐
White and Black Caribbean☐
White and Black African ☐
White and Asian ☐
Other mixed background ☐
Indian/British Indian ☐
Pakistani/British Pakistani☐
Bangladeshi/British Bangladeshi ☐
Other Asian Background ☐
Black or Black British Caribbean ☐
Black or Black British African ☐
Any Other Black British African ☐
Chinese ☐
Other Ethnic Category ☐
I do not Wish to State my Ethnicity ☐

Residential Status (Please tick ☐ a box if appropriate)

Housebound ☐

Asylum Seeker/ Refugee Status:

Asylum Seeker ☐ Asylum Seeker with application for asylum refused ☐

Refugee ☐

Date of entry to United Kingdom:	
Patient door access key code	

Care Leavers (Please tick ☐ a box if appropriate)

Care Leaver ☐ Child Leaving Care ☐

Military veteran

Military veteran:	
Military family:	

Communication (Please tick ☐ a box)

Do you consent to practice contacting by SMS?	
Do you consent to practice contacting by email?	
Do you consent to practice contacting by telephone?	
Preferred method of contact	
Main spoken Language:	
Interpreter needed	

Communication needs:

Hearing aid ☐ Medicine labelling large print required ☐

British sign language ☐ Use lip reading ☐

Use Braile ☐ Uses Makaton sign language ☐

Uses guide dog for the blind ☐

Carer Status (Please tick ☐ a box if appropriate)

☐ Is a Carer _____
☐ Is no longer a carer _____

If you have a carer add here:

☐ Has a carer _____
☐ Carer's details _____
☐ Patient consent given to contact carer about care _____
☐ No longer has a carer _____

ARE YOU ALLERGIC TO ANYTHING? Please give details.

Name of medication	**Strength e.g. 10mg, 10mls, 2 puffs**	**Dose e.g. one daily, twice etc**

MEDICATIONS
☐ H/O: regular medication _____

Prescription Consent
Consent for Electronic Prescription Service?
Please give the name and location of the chemist you would like your prescriptions to be sent electronically. _____

Smear Information

Last smear code: Result _____

Date of smear:

DISABILITIES

Registered blind or partially sighted

Registered blind ☐ Registered partially blind ☐

Hearing Disability

Hearing difficulty ☐ Deafness ☐

Learning Disability

☐ Learning Disability _____

Other Disability

☐ Dependence on wheelchair _____
☐ Speech problem NOS _____

☐ Other Disability _____

Reasonable Adjustments

☐ Requires reasonable adjustment for health and care access (Equality Act 2010)
_____

Alcohol Consumption

How many units do you drink per week?.....

How often do you have a drink that contains Alcohol?

Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking

1-2	3-4	5-6	7-9	10+

How often do you have 6 or more standard drinks on one occasion?

Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

Smoking Status

Non-Smoker	
Current Smoker – (what do you smoke?)	
Ex Smoker	

☐ Declined to give smoking status

Other tobacco codes

Passive smoker	Not passive smoker	Chews tobacco

☐ User of electronic cigarette _____

Body Mass and Blood pressure Index

O/E –Weight _____
O/E- Height _____
Blood pressure
O/E – Blood pressure reading _____/_____

Women Only

Are you taking Contraceptives? YES/NO If yes what type & name _____
Are you Pregnant? YES/NO
If Yes Estimated date of delivery _____

Student Only

If you are under 24 years, have you had 2 doses of the MMR Vaccine?

Yes	No	Unsure

If you are under 25 years, have you had Meningitis C Vaccination?

Yes	No	Unsure

Donor Consent

Willing to be a Donor	Not willing to be Donor

☐ Will donate blood