Dalston Practice
Patient Registration Form

PERSONAL DETAILS

Surname ……..…… Forename ……..……

Date of Birth …… Tel. Number ……..……

Address …… NHS no. (if known) ……

…… Next of kin and contact ……..

…… ……..

Marital Status (please circle) Are you a carer? Y / N

Single Married Divorced Separated Widowed

Occupation ……..……. Number of children ……

MEDICAL HISTORY

Psychiatric Problems	Yes/No
High Blood Pressure	Yes/No
Lung diseases	Yes/No
Kidney disease	Yes/No
Hormonal problems	Yes/No
Hepatitis	Yes/No
Fainting attacks/Fits	Yes/No
Strokes	Yes/No
Heart Disease	Yes/No

Other – Please mention

……

……

Date	Operations

Current/Past Medication – Please mention

……

……

Allergies

……

……

Lifestyle

Weight…….. BP……..

Height…… Urine Albumin ……

Pulse …… Glucose……..

Other details

Smoking: Exercise:

Alcohol: Diet:

Recreational drugs:

FAMILY HISTORY

Glaucoma	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Heart Disease	Yes/No
Cancer	Yes/No	Epilepsy	Yes/No
High Blood Pressure	Yes/No		

VACCINATIONS

Vaccination	Date	Place
Rubella		
Last Tetanus		
Last Polio		
Triple		
MMR		
Pre-School		

Female Patients Only –
Menses, number of days :
LMP :
Frequency 3/4/5 weeks :
Pregnancies and Complications :
Contraception :
Last smear test :
Last Breast examination :

LANGUAGE

My main spoken language is: ……

ETHNICITY (please circle appropriate)

WHITE

A	British
B	Irish
C	Any other white background

MIXED

A	White and Black Caribbean
B	White and Black African
C	White and Asian
D	Any other mixed background

ASIAN OR ASIAN BRITISH

A	Indian
B	Pakistani
C	Bangladeshi
D	Any other Asian background

BLACK OR BLACK BRITISH

A	Caribbean
B	African
C	Any other black background

OTHER ETHNIC GROUPS

A	Chinese
B	Any other ethnic group

NOT STATED

A	Not stated