Holyhead Primary Healthcare Centre

1 St. James Rd, Handsworth, Birmingham B21 0HL. Ph.NO:0121 5548516

NHS
Sandwell and West Birmingham
Clinical Commissioning Group

New Patient Registration Form

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate.

Patient details:

Title	Mr		Mrs		Miss		Ms		Others		Date of birth	**/**/****
Surname									First names			
Previous Surname									Occupation			
Home Address:											Postcode:	
Tel No:				Mobile No:							Work:	
Name and address of previous GP:												

Next of kin:

Name:	Relationship:
Address:	
Contact number:	

Children:

Name of Child :	Date of birth :	Current School :
Are you a carer for any other children? Yes/ No	Do you have parental responsibility? Yes / No	
Any previous involvement with Children's Social Care? Yes / No		

Ethnicity:

White		British
		Irish
		Other (Please Specify)

Black or Black British		Caribbean
		African
		Other (please specify)

Asian or Asian British		Indian
		Pakistani
		Bangladeshi
		Chinese
		Other (Please Specify)

Mixed		White & Black Caribbean
		White & black African
		White & Asian
		Other (please specify)

Eastern European		Polish
		Romanian
		Czech Republic
		Other (please specify)

What is your first language?	
Do you require an interpreter?	Yes / No

P.T.O

Proof of identity:

	Birth certificate		Driving licence		Passport		Utility bill
	Solicitor's letter		Offer of tenancy		Other:		

Disabilities:

Are you registered disabled? Y/N

If yes, please give details:

Do you need any assistance to enter into surgery ? Y/N

If yes, please give details:

Medication:

Please list any medication and the dosages:

Are you allergic to any medicines? If so which? Y/N

Medical information:

	Yes	No		Yes	No
Epilepsy			Blindness / Glaucoma		
High blood pressure			Diabetes		
Heart Attack / Stroke			Asthma		
Cancer			Depression /mental illness		
Eczema / Hay fever					

Have you had a flu vaccination?			Have you had a pneumococcal vaccination?		

Have you had a cervical smear?			If yes, when and result if known:		

Do you smoke?			Have you ever smoked?		
Would you like advice on giving up smoking?					

How much alcohol do you drink in a week?	Units
Would you like advice or support to reduce your alcohol intake? Yes / No	
1 unit = ½ pint beer 1 small glass of wine 1 single spirit 1 small glass of sherry or 1 single aperitif	

Have you ever experienced domestic abuse?	Yes	No
Do you require any support?		
Please inform us any Safe guarding concerns or Domestic violence concerns :		

Would you be interested in joining our Patient participation Group?		

Name (Print): Date:

Signature: