

Bridge Cottage Surgery - New Patient Registration Form - OVER 16s

Full Name: _____

Address: _____

Postcode: _____ *Essential*

Date of Birth: _____

Door Access Key Code (if required for home visits): _____

Gender: _____

Marital Status: _____

Telephone Number: _____

Mobile: _____

Email: _____

What is your occupation? _____

Are you a carer? Yes No Who for? _____

Are you a veteran? Yes No Which Service? _____

Health Questions

Do you have any allergies? Please state _____

Do you smoke? Yes No If so, how many cigarettes do you smoke a day? _____

Are you an ex-smoker? Yes No If so, how many cigarettes did you smoke? _____

How many units of alcohol do you drink per week? _____

How much do you weigh? _____ How tall are you? _____

Have you had or do you have any of the following conditions?

	Details
Heart Attack	
Angina	
Stroke	
Diabetes	
Epilepsy	
Heart Disease	
Cancer	
Asthma	

	Details
Hypothyroidism	
COPD	
Hypertension	
Kidney Disease	
Disability	
Other	
Mental Health Condition/Depression	

Is there family history of any of the conditions mentioned above? If yes, please provide some details

Please list your medications, with doses & times below or attach a copy of your prescription

Female Patients Only Are you currently pregnant? Yes No

When was your last smear test taken? _____ Result: _____

Please provide details of the contraception method (if any) that you are currently using

Please note - in order to complete the registration process, you may be invited to make an appointment with one of the doctors or nurses. This may be because you take multiple medications or have a condition mentioned above that may require regular monitoring.

Please turn over

Ethnicity

- a) White British English Scottish Welsh Irish
- b) Asian, Asian British Indian Bangladeshi Pakistani
- c) Black, Black British Caribbean African
- d) Mixed Please specify _____
- e) Chinese
- f) Other Please specify _____

First Language _____

Next of Kin/Emergency Contact - In the event of an emergency

Next of Kin: NAME: _____

Relationship to you: _____

Address: _____

Telephone Number(s) _____

Prescriptions

All prescriptions are now sent via EPS, this means your prescriptions are sent electronically to a pharmacy of your choice. This helps prevent paper wastage and speeds the process up. You can change your preference at any point by letting us know. **PLEASE SELECT ONE OPTION ONLY**

- Bridge Cottage Pharmacy Lloyds Welwyn Lloyds Shoplands
- Boots - Moors Walk Lloyds Knebworth Boots - Howard Centre
- Boots - Roaring Meg Codicote Johns & Kelynack

Other - Please specify name & address: _____

Communications

- If you answer yes to any of these questions, please let us know how you prefer to receive communications from us**
- Do you have a hearing difficulty? Yes No
 - Do you have a speech difficulty? Yes No
 - Are you registered blind/partially sighted? Yes No

We encourage communication where possible via text (SMS) or email. By agreeing to electronic communications, such as text message (SMS) or email, you are consenting to the practice contacting you for **any purpose relating to your health**, including appointment reminders, health promotion and confidential medication information.

It is **your responsibility to make sure your contact details are correct** and to update the practice of any changes to that information. The practice will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information including clinical information by **text** or **email**

I **do not** wish to receive any information by **text** or **email**

I **do not** or **can not** use **text** or **email**

Signed: Print: Date:

Summary Care Record (SCR)

Your SCR contains important information about ongoing medical conditions, medications and your allergies if you have any. Allowing authorised NHS healthcare staff to have access to this information will improve decision making by healthcare professionals and has prevented mistakes being made when patients are being cared for in an emergency or when their GP practice is closed. Healthcare staff will have access to your SCR if you approach a service for treatment and/or advice, so that they can provide safer care, wherever or whenever you need it within England. You can find out more information about this service on our website or on the NHS Digital website

You can choose to opt in (recommended) or out of the service. Please specify below:

Opt In Opt Out