HOPE FAMILY MEDICAL PRACTICE Patient Data Sheet

New patients are required to provide proof of identity e.g. passport and address confirmation e.g. utility bill. We will also require your NHS number. For children, we need the birth certificate and NHS number. Patients coming from abroad and wishing to register permanently for the first time will need to provide appropriate documentation e.g. Work permit, passport, entry visa etc.

It may take up to a month to obtain your medical records from your previous GP surgery so please ensure you obtain sufficient medication from your current GP surgery before registering with us. The GP needs to review your medical records before a prescription can be issued.

Please fill in as accurately as possible for our records – some questions may not be applicable. Thank you.

N	lame:	_					
Д	ddress:						
С	ate of Birth:	/ / Tel No:					
N	lobile No:						
Have you served in the armed services? Yes / No							
Are you happy	y to receive te	xts and/or emails fi	om the s	urgery regarding appointmen	ts? Yes/No		
Email address	s:						
Aro vou a smokar?		Smoker		For advice and help to stop smoking please ring 0800 0852219. Card given			
Are you a smoker? (please tick)		Ex-smoker					
(production)		Never smoked					
How many ur	nits of alcoho	ol do you drink pe	r day?				
None - Teetotaller 🛛		1-2 (1 drink)		3-6 (2-3 drinks) □			
7-9 (4-5 drinks)		more than 9 \square					

Have you any disabilities you would like us to be aware of?									
Do you look after someone or does someone look after you?									
Yes_ No _ If yes, please ask for a carers form.									
Which ethnic group do you belong to?									
 White British Black British Other Black ethnic group Asian origin Other ethnic, mixed origin Not stated Other (please state) 									
Do/did any of your parents or children suffer from the following?									
		Relatio	nship		Relationship				
Asthma	_		Cance	er e	—				
Diabetes			Tuber	culosis	—				
Hypertension	_		Heart	Disease	=				
Glaucoma	_		Stroke	;					
Other Family History									
Allergies?									
Office use only. (please tick)									
NHS no:									
ID type]		. Address	confirmation	on				
Is this patient eligible for dispensing services? Yes / No									