

**ORMEAU PARK SURGERY  
NEW PATIENT REGISTRATION  
(please use BLOCK CAPITALS)**

\* Delete as appropriate

\* TITLE: MR/MRS/MISS/MS Name.....

ADDRESS.....

DATE OF BIRTH..... TOWN & COUNTRY OF BIRTH..... \*MALE/FEMALE

DAYTIME TELEPHONE NO:.....MOBILE.....

PREVIOUS DOCTOR NAME..... ADDRESS..... .....	PREVIOUS NAME & ADDRESS NAME..... ADDRESS..... .....
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PLEASE STATE ANY SERIOUS ILLNESS/HOSPITISATION.....  
.....

PLEASE LIST ANY CURRENT MEDICATION.....

PLEASE LIST ANY ALLERGIES.....

PLEASE TICK            SMOKER        EX-SMOKER        NEVER SMOKED   

PLEASE STATE            HEIGHT.....            WEIGHT.....

PLEASE LIST YOUR NEXT OF KIN    NAME.....            RELATIONSHIP.....

Tel No.....            ADDRESS.....

IF YOU ARE FEMALE, PLEASE STATE YOUR CHILDREN'S AGES AND DATES OF BIRTH  
.....

IF YOU ARE FEMALE, PLEASE STATE THE DATE AND RESULT OF YOUR MOST RECENT  
SMEAR.....

I WISH TO OPT OUT OF THE EMERGENCY CARE SUMMARY RECORD (please tick)      
Please note that if you have opted out at your previous surgery, you will need to opt out again for our records.

WILL YOU REQUIRE AN INTERPRETER            YES/NO

SIGNED.....            DATE.....

FOR OFFICE USE	MEDICAL CARD	HS200	HS22X
NEW PATIENT MEDICAL REQUIRED		YES/NO	
DATE OF NEW PATIENT MEDICAL.....	RECEPTIONIST.....		