\* Delete as appropriate

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

ADDRESS………………………………………………………………………POSTCODE…………...

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

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

PREVIOUS DOCTOR PREVIOUS NAME & ADDRESS

NAME…………………………………………. NAME……………………………………

ADDRESS…………………………………….. ADDRESS………………………………..

…………………………………………………. …………………………………………….

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

Tel No………………… ADDRESS………………………………………………………………………………

PLEASE TICK SMOKER EX-SMOKER NEVER SMOKED

How many per day……………. Date stopped………………

ALCOHOL: YES/NO Units per week………….

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

PLEASE LIST ANY ALLERGIES………………………………………………………………………………...

PLEASE LIST ANY CURRENT MEDICATION…………………………………………………………………

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 LANGUAGE……………………………………

SIGNED……………………………………………………………DATE………………………………

For your information, you can get a copy of our practice booklet and other up to date surgery information on our website www.ormeauparksurgery.co.uk

FOR OFFICE USE

MEDICAL CARD HS200 HSCR1

NEW PATIENT MEDICAL REQUIRED YES/NO

DATE OF NEW PATIENT MEDICAL…………………………….RECEPTIONIST………………….