ROSEMARY MEDICAL CENTRE

WELCOME TO OUR PRACTICE

As well as completing the NHS GMS1 form, we should be grateful if you would take a few minutes to complete our internal registration form which will ensure that we have all of your up to date information accurately recorded on to your computer record. Thank you for your co-operation.

SURNAME:	**FORENAME(S):**
Mr / Ms / Miss / Mrs / Other* ***delete / add as appropriate**	**HOME TEL:** **MOBILE NO:** **EMAIL ADDRESS:**
NHS No:	**Date of birth: ___/___/___**
OCCUPATION:	**NATIONALITY:**

Next of kin details
NAME: **HOME TEL:**
ADDRESS: **WORK TEL:**

Do you smoke? **YES** / **NO**
If YES, how many cigarettes per day: 1-5 6-10 11-20 21-30 31+

Do you exercise? **YES** / **NO**
If yes, what type of exercise do you do: And how often per week:

Do you have a Carer? **YES** / **NO**
If yes, what is his / her name?
Is he / she registered at this practice? **YES** / **NO** / **DON'T KNOW**

Are you a Carer? **YES** / **NO**
If YES, who do you care for?
Is he / she registered at this practice? **YES** / **NO** / **DON'T KNOW**

Are you taking any medication(s) now? **YES** / **NO**
If YES, please give details:

- Name: Strength: How Often:
- Name: Strength: How Often:
- Name: Strength: How Often:

Do you have any significant medical history?

Do you have any drug or other allergies?

We strongly recommend that all new patients to our practice undertake a free new patient health check assessment (usually 10 minutes) with our HealthCare Assistant or Nurse, would you like this? **YES** / **NO**

P.T.O.