

## PATIENT INFORMATION

All sections **MUST** be completed in order to register you.

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address (If house name please state house number also):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth (dd/mm/yy) : \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Day time contact no/ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

### Ethnic Origin (please tick as appropriate)

African		Other Black background	
Bangladeshi or British Bangladeshi		Other mixed background	
British or mixed British		Other white background	
Caribbean		Other	
Chinese		Pakistani or British Pakistani	
Indian or British Indian		White and Asian	
Irish		White and Black African	
Other Asian background		White and Black Caribbean	

Smoking Status:- Never smoked / Ex-smoker / Smoker - How many a day? \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Must be in the UK)

Home Phone: \_\_\_\_\_ Daytime Contact No: \_\_\_\_\_

### CARERS

Are you a carer?	YES	NO	Do you have a carer?	YES	NO
Who do you care for? Name: _____			Carer's Name: _____		
Carer's contact No. Home: _____			Carer's contact NoHome: _____		
Mobile Tel: _____			MobileTel: _____		
Relationship: _____			Relationship: _____		

Have you ever served in the British Military including reserves? YES NO

Are you a current reservist? YES NO

### PRESCRIPTIONS

The Electronic Prescription Service (EPS) is an NHS service that allows us to send your prescription(s) directly to your chosen pharmacy. This paper-free prescription service means that you do not have to come into the surgery to collect your prescription.

**We would encourage all patients to register for this free service.**

Chosen Pharmacy: \_\_\_\_\_