

The Limes Medical Centre

New Patient Registration Form Under 16s

<u>Today's Date:</u>

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate. Please make sure all areas with an * are completed

First name:*		Surname:*			Contact Number: *	
Mr/ Miss						
Address and Postcode*					Mobile Number:*	
					E-mail Address:	
Date of Birth:*		*Parent/Guardians name			Town & Country of Birth	
		Gender:*	Male:	Female:	Other residents of your home:	
Previous Address:*						
Previous GP:*						
					NHS Number (If Known) *	
					If applicable, date you first came to live in Britain:	
If returning from Armed Forces:		Your Service or Personnel Number			Your Enlistment Date	

Patient signature:

Signature on behalf of patient:

Your Religion:	C of E	Catholic	Other Christian (state)		Buddhist	Hindu	Muslim	
	Sikh	Jewish	Jehovah's Witness		No religion	Other religion (state)		
Your Ethnic Origin: (select one)		White (UK)		White (Irish)		White (Other)		
Caribbean		African		Asian		Other Mixed Background		
Indian		Pakistani		Bangladeshi		Other Asian Background		
Other Black Background		Chinese		Other		Ethnic Category not stated		
Your main or 1st language Spoken / Understood: (select one)		English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi	
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)			
Your height:	Feet / inches		cm		Your weight:	Stones / lbs.		kg
Smoking, Alcohol Consumption and Exercise:								
Are you currently a smoker?		Yes	No	Have you ever been a smoker?		Yes	No	
If so, how many cigarettes / cigars / tobacco do you smoke in a day?								
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>								
How often do you exercise? (please circle)		No exercise Light exercise Moderate exercise Heavy exercise						

Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		

Specific Needs:	
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:	
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):	
Are you an 'Assistance Dog' User?	
Please state any Physical disabilities you have:	
Please state any Mental disabilities you have:	

Please state any Religious or Cultural needs:												
Do you require the help of a Translator / Interpreter?												
Please state any allergies and sensitivities you have:												
If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u>											
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.	<u>Carer Contact Details:</u>											
	<u>Signed:</u>	<u>Date:</u>										
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes / No	<i>If "Yes", can you please bring a written copy of it to your New Patient Consultation</i>										
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes / No	If "Yes", please state their name / address / phone number:										
<p>Please inform us if you wish to register on the organ donation register (please circle)</p> <p>Any part of my body Kidneys Heart Liver Corneas Lungs Pancreas</p> <p>For info visit: www.uktransplant.org.uk</p>												
<p>Chemist of your choice (please circle) I would like to collect all future prescriptions from the following chemists (please choose one):</p> <table border="0" style="width: 100%;"> <tr> <td>ASDA</td> <td>BOOTS</td> </tr> <tr> <td>PEAK PHARMACY</td> <td>COSBY PHARMACY</td> </tr> <tr> <td>ENDERBY</td> <td>LLOYDS BLABY</td> </tr> <tr> <td>LLOYDS LFE</td> <td>SAINSBURYS</td> </tr> <tr> <td>VILLAGE PHARMACY</td> <td>WHETSTONE CHEMIST</td> </tr> </table>			ASDA	BOOTS	PEAK PHARMACY	COSBY PHARMACY	ENDERBY	LLOYDS BLABY	LLOYDS LFE	SAINSBURYS	VILLAGE PHARMACY	WHETSTONE CHEMIST
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VILLAGE PHARMACY	WHETSTONE CHEMIST											

Community Health Services

Children's Health Visiting service

New registration for Children 0 – 5 years with the practice

Dear Parent / Carer / Guardian

Date:

Please complete the following details about your family and leave this information at reception. This information will be shared with the Health Visitor (for preschool children).

New Address Previous Address.....
.....
.....
.....
Tel No Home: Work:

Previous GP/Base:
Previous Health Visitor/Base:

Child 1: D.O.B: School attends:
Child 2: D.O.B: School attends:
Child 3: D.O.B: School attends:

Registering with GP Name: **The Limes Medical Centre**
Surgery address: **65 Leicester Road**
Narborough
Leicester
LE19 2DU

Tear off slip below for Parents

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Contact details for your Health Visiting Team:

Health Visitors:

Gillian Whitney
Kellie Macbeth

Address: Narborough Health Centre
Thornton Drive
Narborough
LE19 2DF

Phone: 0116 2866783