Elmwood Medical Practice - Patient registration Form

Please note all information submitted is confidential. It is useful for Drs and patients that info is prepared prior to attending for registration appointment in order that the Doctors have a full record of your medical & prescription history

Surname		**Date of birth**
First name (please underline name by which you are known)		
Telephone;		**Nominated pharmacy for prescriptions**
Are you happy to be contacted by text? – please circle	**Y N**	**Asylum seeker / refugee? Yes No**
First language	**Interpreter needed - Yes No**	
Next of kin	**Next of Kin Tel No:**	

Health promotion:

Are you a **carer** for an elderly or disabled person? Yes □ No □
For whom are you a carer? _____

Known **allergies**? _____

Nature of allergy (rash, breathing problems etc.- please specify) _____

Ethnic Origin

British	□	Irish	□	Irish Traveller	□
Other White background	□	White & Black African	□	Other Asian background	□
Caribbean	□	African	□	Indian or British Indian	□
Pakistani or British Pakistani	□	Bangladeshi or British Bangladeshi	□		
Chinese	□	Other – please specify _____			

Smoking yes / no how many per day
Please contact reception staff if you are interested in the Practice Smoking Clinic

Reception staff to complete

Alcohol units /day

Height ☐ BP ☐☐

Weight

For female patients only

Have you ever had a cervical smear? Yes □ No □ BMI
If yes, date of last smear & result _____

Have you ever had a mammogram? Yes □ No □
If yes, date of last mammogram & result _____

Health questionnaire

Do you have any of the following **long-term conditions?** Tick all that apply

Cancer		Asthma/COPD	
Diabetes		Kidney problems	
Epilepsy		Thyroid disease	
Learning disability		Heart disease	
High blood pressure		Substance misuse	
Psychiatric problems		Dementia	

Please let us know the nature of these problems. This will make your registration appointment more efficient

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Do you have **any other medical problems not already mentioned**? Yes □ No □

Please list these .....

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Do you take any **prescribed medications**? Yes □ No □

Please list these with doses .....

Please note the practice policy is not to prescribe the following drugs unless you provide evidence from your previous GP- this is in the interests of prescribing safety

- Benzodiazepines: diazepam, temazepam, nitrazepam, lorazepam
- Chlordiazepoxide
- Morphine derivatives: dihydrocodeine, fentanyl, buprenorphine patches, codeine
- Z-drugs: zopiclone, zolpidem

These drugs can be dangerous in long-term use and you would normally need to commit to a reduction strategy

Please note the practice does not prescribe methadone, diamorphine, temgesic or oral buprenorphine.

It is practice policy not to replace lost or stolen scripts for the above drugs

- **I have read & fully understood the practice policy on these drugs and I agree to comply or face removal from the practice list**
  I consent to the practice accessing the NI Electronic Care Record to establish my Health & Care Number and clarify my medications

Name

Signature Date