



MERRYWOOD PRACTICE – PATIENT REGISTRATION FORM

Please complete this form **on both sides** so that we have an up to date personal and medical history

PERSONAL DETAILS

Your name: Male Female

Your address:

Your postcode:

Your phone numbers Home Mobile

PLEASE TICK THIS BOX IF YOU **DO NOT** WANT TO RECEIVE TEXT NOTIFICATIONS (notifications include appointment reminders and other invitations for routine check-ups)

Your e mail address – *please complete attached consent form*

Your date of birth:

Next of kin in case of emergency: Name Contact number:

ETHNIC ORIGIN – please tick ONE box below

White

White British

White Irish

White other (please specify)

.....

Black or Black British

African

Caribbean

Black other (please specify)

.....

Other Ethnic Origin

Chinese

Vietnamese

Other (please specify)

.....

Mixed Race

White and Asian

White and Black African

White and Black Caribbean

Other mixed race (please specify)

Do you feel that you have any type of disability?

No Yes Please give details:

Do you have a regular carer that looks after you?

No Yes Please give details and ask for a carers pack from reception:

Do you act as a carer for anyone ?

No Yes Please give details and ask for a carers pack from reception::



ACCESSIBLE INFORMATION

Do you require information in an alternative format ?

- Braille Grade 1 Braille Grade 2 Audio on CD
 Large print 22 point Large print 24 point Large print 28 point
 Text E mail Other

MEDICAL HISTORY

Do you attend a hospital for regular care? Yes
 Please give details of which hospital you go to and what care you receive

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WOMEN ONLY: Date of last cervical smear

Please list below any medication you take regularly (please include any current contraception pills)

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SMOKING – Please tick ONE box

- I have never smoked
 I am an ex-smoker Date gave up smoking
 I currently smoke How many per day?

Would you like support to give up smoking Yes No

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ALCOHOL



How many units of alcohol do you have on average per week?

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4 + times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10 +	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Would you like help reducing the amount you drink? Yes No