



Patient Registration Form

- Complete all sections that apply to you or the person you are registering
- Provide as much information as possible
- If you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'

Section 1 (only complete this section if completing on behalf of someone else)

Your full name:	
Your contact phone number:	
Relationship to the person you are completing the registration form for:	

Section 2 - Details of patient registering

Title:	
First name:	
Middle name (where applicable):	
Last name:	
Previous last name (where applicable):	
Date of birth:	
Gender:	
NHS number (if known):	
Current address including postcode:	
Country of birth:	
Name and address of previous GP surgery:	
Previous Address (including postcode):	



Home phone number:	
Mobile phone number:	
Email address:	

Section 3 - Patients under 18 years only

Does the patient attend any of the following

☐ Nursery ☐ School ☐ Home school ☐ College ☐ None of these

Has the patient had all childhood routine vaccinations?

☐ Yes ☐ No ☐ Don't know

Did the patient get their routine vaccinations in the UK?

☐ Yes ☐ No ☐ Don't know

Section 4 - Additional information

What is your ethnic group? Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White ☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Traveller
☐ Any other White background

(B) Mixed or multiple ethnic groups ☐ White and Black Caribbean ☐ White and Black African
☐ White and Asian ☐ Any other Mixed or Multiple ethnic background

(C) Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian background

(D) Black/African/Caribbean/British ☐ African ☐ Caribbean ☐ Other Black, African or Caribbean background

(E) Other ethnic group ☐ Arab ☐ Any other ethnic group ☐ Prefer not to say

If you have moved to the UK from abroad, what date did you arrive?

Date:	
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Have you ever served in the UK Armed Forces ☐ Yes ☐ No ☐ Prefer not to say

If YES to the above question, which area of the UK Armed Forces did you serve in ?: ☐ Army ☐ Navy

☐ Royal Air Force ☐ Other: [Click or tap here to enter text.](#)

Are you a carer? ☐ Yes ☐ No

If YES, what is your relationship to the person you are caring for ?	
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What type of carer are you? ☐ Young carer, under 18 ☐ Unpaid, but may get benefits ☐ Paid as a job
☐ Foster carer

Do you have a carer? ☐ Yes ☐ No

If YES, What is your relationship to your carer	
Carer name and contact telephone number for you records	

What pharmacy do you want your prescriptions sent to?

Pharmacy Name and full address	
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Sharing your Summary Care Record

Your GP surgery shares your important healthcare information with other healthcare professionals in England when they provide you with direct care, such as emergency care or referral to a specialist service. This is called a Summary Care Record (SCR).

Your SCR is shared with healthcare professionals to ensure the quality and safety of your care. This reduces the risk of things like adverse medical reactions or delays in urgent care.

You can choose not to share your SCR. However, this will mean healthcare professionals will not have access to important information about your healthcare. If you do not want to share your SCR, speak to your GP.

Your SCR contains details of your: illnesses and health problems; past operations and vaccinations; medicines; allergies and adverse reactions.



Section 5 - Patient health

Have you ever had any of these conditions?

- ☐ Alzheimer's disease or dementia ☐ High blood pressure (hypertension) ☐ Asthma ☐ Epilepsy ☐ Stroke
- ☐ Thyroid disease ☐ Heart disease ☐ Cancer ☐ Diabetes ☐ Allergies ☐ Mental health conditions
- ☐ Other medical conditions

What is your smoking status

- ☐ Smoker ☐ Ex smoker ☐ I have never smoked

If a smoker on average, how many cigarettes do you smoke a day?

Number of cigarettes:	
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If Ex smoker, what month/year did you stop smoking?

Date:	
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How often do you drink alcohol ?

- ☐ Never ☐ Monthly or less ☐ 2 to 4 times a month ☐ 2 to 3 times a week ☐ Weekly ☐ Daily or almost daily
- ☐ Prefer not to say

How often have you had six or more units of alcohol on a single occasion in the last year?

- ☐ Never ☐ Less than monthly ☐ Monthly ☐ 2 to 4 times a month ☐ Weekly ☐ Daily or almost daily
- ☐ Prefer not to say

How many units of alcohol do you drink on a typical day when you are drinking

Units:	
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1 pint of 4% beer is 2.5 units. A small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Height and Weight

Height:	
Weight:	

Did you receive a blood transfusion before 1996?

- ☐ Yes ☐ No ☐ Don't know



Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)? ☐ Yes ☐ No ☐ Don't know

Any Disabilities

Details:

Medical Conditions/Diagnoses

Details:

Current Medication

Details:

Do you or your carer need to be communicated in an accessible format? ☐ Yes ☐ No

For example, braille, audio, large format or EasyRead.

Tell us what you need:

Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

☐ Yes ☐ No

For example, first appointment in the day, access to a hearing loop, quiet room to wait

Tell us what you need: