

## Patient Registration and Medical Summary Form

In order to provide for your care we need to collect information about you and your health in your personal medical record. Please complete the following form. This information will be used to create your personal medical record on the practice computer.

### PART 1

**Surname:** \_\_\_\_\_  
**First Name:** \_\_\_\_\_  
**Title:** Mr/Mrs/Ms/ Other: \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Gender:** M / F  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**SMS Alerts:** I am happy to receive alerts from the practice by mobile phone: **Yes / No**

**GMS Number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

#### Next of Kin:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

#### Previous GP Name and Address:

\_\_\_\_\_  
 \_\_\_\_\_

**Pharmacy Name and Address:** \_\_\_\_\_  
 \_\_\_\_\_

#### Further information:

The following information is not essential but may be of use to your doctor when they are diagnosing a problem or deciding a treatment plan for you.

**Marital Status:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Ethnic Origin:** \_\_\_\_\_

### PART 2 - HEALTH HISTORY

#### Allergies:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Medical History:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Surgical History:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Current Medications:

(If you are unsure you could bring your empty pill boxes with you or get a printout from your pharmacist)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PATIENT CONSENT

I \_\_\_\_\_ **(Print Name)**  
 have received a copy of the Practice Privacy Statement.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Our practices are consistent with the Medical Council Guidelines and the privacy principles of the GDPR. For further details please see our Practice Privacy Statement – available at reception.

THANK YOU