

# New Patient Registration Details

Surname: \_\_\_\_\_ Date \_\_\_\_\_  
Forename: \_\_\_\_\_ Male  Female

Address/Postal Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Business No: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

Pace of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Address/Tel No: \_\_\_\_\_

Name/Address of previous GP: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Smoker \_\_\_\_\_ Never Smoked \_\_\_\_\_ Ex Smoker \_\_\_\_\_

Alcohol consumption (units weekly): Less than 7 \_\_\_\_\_ 7-14 \_\_\_\_\_  
15-42 \_\_\_\_\_ more than 42 \_\_\_\_\_

measure guide; glass of wine=1unit, pint of beer=2units, spirit measure=1unit

Height \_\_\_\_\_ Weight \_\_\_\_\_

Medical History: Heart Disease \_\_\_\_\_

Lung problems \_\_\_\_\_

Strokes/TIA \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Details of previous \_\_\_\_\_

Illnesses/operations \_\_\_\_\_

Any Allergies \_\_\_\_\_

Current Medication: Name Dose

Family History of: Heart disease \_\_\_\_\_

(parent/brother/sister) Diabetes \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

**Organ Donation** Consent Given YES  NO

Consent given for: Kidneys  Liver  Lungs  Heart   
Pancreas  Corneas