

# GREASBY GROUP PRACTICE

## NEW PATIENT REGISTRATION FORM

Please complete in BLOCK CAPITALS and tick boxes as appropriate

<b>Full Name:</b>				
<b>Mr/Mrs/Miss/Ms/Other .....</b>			<b>Telephone number:</b>	
<b>Mobile number:</b>			<b>Work number:</b>	
<b>Email address:</b>				
<b>Next of Kin: Relationship to Patient:</b>			<b>Next of Kin contact number:</b>	
<b>Date of Birth:</b>			<b>Are you a Carer:</b>	<b>Yes:</b>
				<b>No:</b>
<b>Marital status:</b>	<b>Gender:</b>	<b>Male:</b>	<b>Female:</b>	<b>If yes who do you care for:</b>
<b>Military veteran/ex-service personnel?</b>	<b>Yes:</b>	<b>No:</b>	<b>Summary Care Records (SCR) The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.</b>	
<b>Do you wish for this to be recorded in your notes?</b>	<b>Yes:</b>	<b>No:</b>		
<b>Specific Needs: please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:</b>			<b>Are you happy to have a Summary Care Record:</b>	
<b>Please state any Sensory Impairment you may have (ie speech, hearing, sight)</b>			<b>Yes:</b>	<b>No:</b>
<b>Do you have any information or communication support needs?</b>				
<b>Are you an 'Assistance Dog' user?</b>				
<b>Other:</b>				

**Patient Ethnic Origin Questionnaire: please select one:**

<b>White:</b>	<b>British/Irish/Any other white background</b>
<b>Mixed:</b>	<b>White and Asian/White and Black African/White and Black Caribbean/Any other Mixed background</b>
<b>Asian or Asian British</b>	<b>Bangladeshi/Indian/Pakistani/Any other Asian background</b>
<b>Black or Black British</b>	<b>African/Caribbean/White and Asian/any other Black background</b>
<b>Chinese or ethnic group</b>	<b>Chinese/ any other background</b>

**Alcohol Questionnaire (please complete if over the age of 16)**

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	7-8	10+	
How often do you have 6 or more standard drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Smoking status (please complete if over the age of 14)**

Trivial smoker	
Pipe smoker	
Cigar smoker	
Rolls own cigarettes	
E-cigarette smoker	
Never smoked	
Ex-smoker Date stopped	

Height	
Weight	

Patient signature		Date	
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**Thank you for completing this form**

**For more information about the services we offer,  
please refer to our website [www.greasbygrouppractice.nhs.uk](http://www.greasbygrouppractice.nhs.uk)**

**Contact details: Greasby Group Practice, Greasby Road, Greasby Wirral CH49 3AT**

**Telephone number: 0151 678 3000**

**Email address: [WICCG.greasbygrouppractice@nhs.net](mailto:WICCG.greasbygrouppractice@nhs.net)**