

THE MEDICAL CENTRE

41-45 ENDERLEY ROAD, HARROW WEALD, MIDDX , HA3 5HF
Tel: 0208 863 3333

NEW PATIENT REGISTRATION

To register as a patient at Enderley Road, please bring this completed application form to the Medical Centre. You **MUST** produce one document from each of the 2 sections below confirming Residency and one confirming Entitlement to NHS Treatment.

Registrations will only be processed once documents have been checked by Reception Staff

PERSONAL DETAILS

Surname Forenames
Address Date of Birth
..... Home Telephone No
Postcode Work/Mobile No
E-mail address

SECTION 1

You must provide ONE example from the list below as proof of Entitlement to NHS Treatment for each person over 16years of age you wish to register.

Tick the relevant box

- Current Passport Medical Card/Birth Certificate - accompanied by Photo ID
 Immigration Documents

SECTION 2

You must provide ONE example from the list below as proof of address.

Tick the relevant box (The items below must be dated within the last 3 months)

- Council Tax Bill/Letter/Payment Book
 Council Housing Association Rent Book/Statement/Letter/Tenancy Agreement
 Current Television Licence
 Utility Bill (excluding mobile phone bills)
Bank statement

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ETHNIC ORIGIN

The Enderley Road practice serves a multi-ethnic and multi-cultural population. The recording of patients' ethnic group is necessary as this helps us to identify patterns of illness and need among different ethnic groups.

Please indicate to which ethnic group you feel you belong.

- | | |
|--|--|
| <input type="checkbox"/> ASIAN – BANGLADESHI | <input type="checkbox"/> BLACK – AFRICAN |
| <input type="checkbox"/> ASIAN – INDIAN | <input type="checkbox"/> BLACK – CARIBBEAN |
| <input type="checkbox"/> ASIAN – PAKISTANI | <input type="checkbox"/> BLACK – ANY OTHER |

BACKGROUND

- | | |
|--|---|
| <input type="checkbox"/> ASIAN – ANY OTHER BACKGROUND | <input type="checkbox"/> WHITE – BRITISH |
| <input type="checkbox"/> MIXED – WHITE & ASIAN | <input type="checkbox"/> WHITE – IRISH |
| <input type="checkbox"/> MIXED – WHITE & BLACK AFRICAN | <input type="checkbox"/> WHITE – ANY OTHER BACKGROUND |
| <input type="checkbox"/> MIXED – WHITE & BLACK CARIBBEAN | <input type="checkbox"/> OTHER – CHINESE |
| <input type="checkbox"/> MIXED – ANY OTHER BACKGROUND | <input type="checkbox"/> OTHER – ANY OTHER |

PLEASE SPECIFY

- I DO NOT WISH TO SAY

MAIN LANGUAGE SPOKEN

Information on an individual's ethnic group is **STRICTLY CONFIDENTIAL** as are all other patient details.

Access to all your information will be restricted to staff involved in your direct care.

MEDICAL HISTORY

Height (if known) Weight (if known)

Blood Pressure (please ask reception to use the self - check machine)

Have you ever had any operations, illnesses or have any medical conditions?

.....
.....

Do you take any regular medications?

.....
.....

Are you allergic to any medication?

.....

How many cigarettes do you smoke per day?

Have you ever smoked ? Y/N When did you stop smoking?.....

How much exercise do you do in a week?.....

How much alcohol do you drink in a week ?.....

How often do you have a drink containing alcohol?

Never Monthly or less 2 to 4 times a month
2 to 3 times a week 4 or more times a week

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly
Daily or almost daily

FAMILY HISTORY

Have any of your blood relatives suffered from (who and at what age)

Heart Disease

High blood pressure.....

Diabetes.....

Stroke.....

Cancer (please specify which cancer).....

Other serious illness.....

FEMALE PATIENTS ONLY

When did you have your last smear?.....

Was the result normal ? Y/N

GENERAL INFORMATION

Are you a carer?.....

Who do you care for?.....