

**St James's Surgery
REGISTRATION FORM 2
(Adult)**

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|---|--|
| Name: | DOB: |
| Sex: M/F | Marital Status: |
| Ethnic Origin: | |
| Occupation: | Tel No: |
| Important Medical Problems: | Family History: Have any relatives suffered from any of the following? If 'Yes', please specify who Heart Attack under 60: Diabetes: Stroke under 60: |
| Do you smoke? Yes/No If 'Yes' what do you smoke? Cigars/Cigarettes per wk Pipe/Roll your own ozs per wk If 'No' have you ever smoked? Yes/No If 'Yes', when did you stop? | Alcohol: How much do you drink on average per wk? (1 unit = 1 glass wine, 1 measure spirits, ½ pint beer/lager) |
| Height: | Weight: |
| Do you exercise regularly? Yes/No If 'Yes' what type? | When were your last Polio and Tetanus vaccinations given? Polio: Tetanus: |
| Women only: When was your last cervical smear taken? (If known) | |

| Patient's Next of Kin details with their consent: | Please specify which number you would like us to use as your immediate <u>DAYTIME</u> contact number: |
|---|---|
| Name: _____ | Home: _____ |
| Tel Number: _____ | Work: _____ |
| Address: _____ _____ _____ | Mobile: _____ |
| Postcode: _____ | Other: _____ |

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To assist us with registering you as a patient, would you please provide the following information:

NHS NUMBER (if known)

WHEN DID YOU ENTER THE UK?

**HAVE YOU EVER BEEN REGISTERED WITH A UK GP PRACTICE?
YES/NO. IF SO, WHERE?**

WHERE YOU WERE BORN?

**HAVE YOU EVER BEEN KNOWN BY ANOTHER SURNAME?
YES/NO. IF SO, PLEASE STATE.**

**HAVE YOU EVER BEEN KNOWN BY ANOTHER FORENAME?
YES/NO. IF SO, PLEASE STATE.**

PLEASE ENTER DATE OF BIRTH:

**HAVE YOU EVER LIVED IN THE UK BEFORE?
YES/NO. IF SO, WHEN?**

ONLINE SERVICES

You can book appointments; change personal information and order repeat prescriptions.
If you would like to register for our online services, please ask at reception.

TEXT MESSAGE REMINDER SERVICE

Please make sure we have your correct mobile number, as then we can send you a text reminder the day before your appointment.