

## **Swan Surgery: New patient registration form**

To enable us to complete your registration as efficiently as possible please complete the personal information as fully as possible. (*Residential homes please note we will need a completed form prior to registration of your patients*)

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Ethnicity:** please underline the ethnic group that fits you best,

<i>British or mixed British</i>	<i>Irish</i>
<i>Other White Background</i>	<i>White and Black Caribbean</i>
<i>White and Black African</i>	<i>White Asian</i>
<i>Other mixed background</i>	<i>Indian or British Indian</i>
<i>Pakistani or British Pakistani</i>	<i>Bangladeshi or British</i>
	<i>Bangladeshi</i>
<i>Other Asian background</i>	<i>Caribbean</i>
<i>African</i>	<i>Other Black background</i>
<i>Chinese</i>	<i>Other ethnic category</i>

**Smoking** (please ring)    **Current smoker**    **Ex Smoker**    **Never smoked**

*Current smoker* (please state how many cigarettes/cigars per day, roll ups how many grams /oz per week)

*Ex Smoker* (please state history of how many cigarettes/cigars per day, roll up how many grams/oz per week. Also year started and year stopped smoking)

### **Allergies**

### **Chlamydia screening**

Swan Surgery participates in the Chlamydia Screening Programme. If you are aged between 15 and 24 and would like details of this important service, please speak to one of our trained Healthcare Assistants during your new patient registration consultation

### **Website**

Please visit our website at [www.swansurgery.co.uk](http://www.swansurgery.co.uk) for details of the wide range of services available at the Surgery, including the **EMIS Access Online** facility which enables patients to book appointments and request repeat prescriptions at your convenience

### **Communication**

At Swan Surgery, we strive to offer the most efficient and effective means of making contact with our patients. If you are happy for us to correspond with you via SMS text messaging or email, please provide contact details below:-

Mobile no.....

Email address.....

*For residential homes only please also complete below:*

Date of exam:

**Weight**                      **Height**                      **Blood pressure**

**Urinalysis:** protein                      glucose                      blood