



The Datchet Health Centre Registration Form

We are pleased to welcome you to our practice. Please complete both sides of the form in full. Your registration will be processed within 48 hours.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First Names
NHS number	Previous Surname/s

<input type="checkbox"/> Male <input type="checkbox"/> Female	Town & Country of birth
Home Address:	
Postcode:	Telephone number:
Mobile number:	
E-Mail address:	
Next of kin:	Relationship:
Address if different from above:	
Contact telephone number:	

Please help us trace your previous medical records by providing the following information:	
Your previous address in UK	

Name of previous doctor	

Address of previous doctor	

If you are from abroad	
Your first UK address where registered with a GP	

If previously resident in UK, date of leaving	Date you first came to live in UK

If you are returning from the Armed Forces	
Address before enlisting	

Service or Personnel number	Enlistment date
Date of Discharge	PTO

Have you had any operations Yes No
 If yes, what operation and in which year? -----
 Have you had any serious illnesses? Yes No
 If yes, what illness and in which year? -----

Has anyone in your close family suffered from:

Diabetes Yes No Relationship?-----

Coronary Heart Disease Yes No Relationship?-----

Stroke Yes No Relationship?-----

Are you a current smoker? Yes No

If yes please state quantity per day -----

If no have you ever smoked regularly? Yes No

If yes when did you cease smoking? -----

Below is a guide to the number of units per alcoholic drink:

Pint of regular beer/ lager/cider Pint of strong beer/lager/ cider Alcopop or 275ml bottle lager 440ml can of regular lager/ cider 440ml can of super strength lager 175ml glass of wine Bottle of wine 12%



How many units of alcohol do you drink in one week? -----

Questions	0	1	2	3	4	Your score
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 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	

Please circle your Ethnic Origin:

British/Mixed British White & Black Caribbean Caribbean
 Irish White & Black African African
 Other White White & Asian Other Black
 Indian/British Indian Chinese Other Mixed
 Pakistani/British Pakistani Other: _____
 Bangladeshi/British Bangladeshi Declined
 First language: _____

Signature of Patient Signature on behalf of patient Date: _____

If you are registering a child aged 5 years or under, please provide their immunisation history at registration.

For Surgery use:

Registered with: Date of registration: EMIS No:
 Registered by: Template entry completed:

Proof of residency received:

Smoking cessation advice given Yes No