**LIMEFIELD SURGERY**

293 Preston New Road

Blackburn BB2 6PL

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**NEW PATIENT REGISTRATION – ALL DETAILS NEED TO BE COMPLETED**

It would be helpful if you could provide us with a little background medical information. This will allow us to update your medical record as completely as possible straight away. Please complete all fields.

**PATIENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **FORENAME:** | **SURNAME:** | | **EMAIL:**  **Email consent Yes/No (please circle)** |
| **CURRENT ADDRESS:** | **PREVIOUS ADDRESS:** | | **MOBILE NUMBER:**  **Text consent Yes/No (please circle)**  **LANDLINE NUMBER:** |
| **DATE OF BIRTH:** | **NHS number (if known)** | | **HAVE YOU BEEN A PATIENT HERE BEFORE? YES or NO (please circle)** |
| **Ms/Miss/Mrs/Mr/Master/Other (please circle or state other preference)** | | | **Male □**  **Female □** |
| **IF UNDER 16 PLEASE GIVE:** | | | |
| **Name of parents/guardian**  **Mothers Name:**  **Fathers Name:** | | **Please provide a copy of immunisations for anyone under the age of 16**  **YES/NO (please circle)** | |
| **Guardian:**  **Relationship to Child:** | | | |
| **School/College attending:** | | | |

**SMOKING STATUS**

(Please tick) Never smoked……….Ex-smoker……..Current smoker………How many per day………

If you would like advice about stopping smoking please see our Nurse or visit [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk). You may also visit [www.nhs.uk/change4life](http://www.nhs.uk/change4life)

**HEIGHT** (if known)………………………**WEIGHT** (if known)………………………..

**DO YOU HAVE OR ARE YOURSELF A CARER?**

Do you look after someone with health needs at home? **YES NO (please circle)**

If **YES,** who for……………………………………………………………… Please ask at reception for a carers leaflet

Do you need someone to look after your health needs at home? **YES NO (please circle)**

If **YES,** who looks after you?............................................ What relation are they?............................................

**REPEAT MEDICATION**

If you are on repeat medication **please bring in the list from your previous doctor for us to photocopy.** You **MUST have a new patient check and see the doctor** before you ask for repeat medication from us. You can order your repeat prescription online. Please visit our website at [www.limefieldsurgery.co.uk](http://www.limefieldsurgery.co.uk)

**LANGUAGE**

|  |  |  |
| --- | --- | --- |
| Main language spoken: | Second language spoken: | |
| Country of birth: | | |
| Date you entered this country **(if you have not been registered with a GP before)** | | |
| Do you need an interpreter (please circle) | YES | NO |
| Do you need alternative correspondence format such as Braille, large print, audio tape? |  | |

**ETHNICITY**

**How would you classify your ethnic origin?** (please tick as appropriate)

**I would rather not answer this question: YES……..NO………**

|  |  |  |  |
| --- | --- | --- | --- |
| **White**  White  White British  White Irish | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Asian | **Black**  Black British  Black Caribbean  Black African  Black, other non-mixed origin | **Other**  Chinese  Vietnamese  North African Arab/Iranian  Other European  Mixed  Other (please state ………………………………………………..) |

**Please provide the name and address of your previous GP**

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**SHARING MEDICAL RECORDS**

**Are you happy with your medical records being shared with other health services if required:**

**YES** or **NO (please circle) IF NO please ask reception for a form for you to sign to Opt Out of this service.**

**Would you like to be a member of our Patient Participation Group? YES or NO (please circle)**

**ORGAN DONOR STATUS**

**To check/amend your organ donor status please visit** [**www.organdonation.nhs.uk/helping-you-to-decide/about-your-choices/**](http://www.organdonation.nhs.uk/helping-you-to-decide/about-your-choices/) **or call 0300 123 2323**

**Signed……………………………………………………………………..Dated………………………………………………………………………**