



The Robert Darbishire Practice –Patient Registration Form

Please use BLOCK CAPITALS and answer all questions. The information provided will form part of your medical record. *If you are returning from the **Armed Forces**, please let us know. For online access to your medical record please ask reception for a registration form.*

| OFFICE USE ONLY | | | | |
|-----------------|---------------|-----------------------|--------|---------------|
| Out: Init/Date | In: Init/Date | Allocated GP/informed | Pt no. | NPHC Declined |
| | | | | |

Personal Details

- Mr Mrs Miss Ms
- Surname: _____
- First names: _____
- Previous surname(s): _____
- Male Female
- Date of birth: ____ / ____ / ____
(day) (month) (year)
- NHS number: _____
(if known)
- Town and _____ : _____
country of birth
- If you are from abroad, the date you came to UK: _____

- Current Manchester address: _____

_____ Postcode: _____
- How long will you be at this address?
 Less than 6 months More than 6 months
- Are you in a stable housing situation?
 Yes No
Examples of Yes: renting in your own name, living with parents/family, shared student house, own home.
Examples of No: staying temporarily with friends/family, emergency/temporary housing, homeless.
- Home telephone: _____
- Mobile telephone: _____
- Email: _____
We may send you messages by text or email, including appointment reminders. To opt out speak to a receptionist.

Previous GP Details

- Have you ever been registered with a GP in the UK? Yes No
- Name and address of last GP/surgery: _____
- Your address while registered with that GP: _____
_____ Postcode: _____

Signature

- 19a. Signature of patient:
 19b. Signature on behalf of patient: _____ 20. Date: _____

Your Next of Kin / Emergency Contact

- Next of kin's name: _____
- Relationship to you: _____
- Next of kin's address: _____

- Telephone numbers: _____

NHS Organ/Blood Donor registration – voluntary

If you would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after your death, please visit the NHS Organ donation website at www.organdonation.nhs.uk/register-to-donate/. For blood donation please visit the NHS Blood donation website at www.blood.co.uk/ or you can telephone both organisations on 0300 123 23 23. Your donation will help save other people's lives.

For more information, please ask for the leaflet on joining the NHS Organ/Blood Donor Register.

Communication needs

- Do you have any special communication needs and if so what are they? For example, do you use a hearing aid, need an advocate, prefer contact by telephone or need information in large font?
Communication need: Yes No
Support: (eg: uses hearing aid) _____
Professional: (eg: BSL Inter) _____
Contact method: (eg: telephone) _____
Format: (eg: Easyread) _____
We will share your communication need with other providers particularly if you are referred to other services.

About You

26. Please choose one of the five sections and then tick your ethnic group:

(Please tick one box only)

These ethnic group descriptions are a national standard taken from the 2011 census

| | White | Mixed / Multiple Ethnicity |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White– please write in: | <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed– please write in: |
| Asian / Asian British | Black / Black British | Other |
| <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian– please write in: | <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Somali <input type="checkbox"/> Other Black– please write in: | <input type="checkbox"/> Arab <input type="checkbox"/> Any other – please write in: |

27. Which best describes your sexual orientation?: Heterosexual/Straight Gay/Lesbian Bisexual

28. Are you a main carer (unpaid) for someone who has poor health or disability? Yes No

Health and Lifestyle

29. Do you take regular medication? Yes No

We recommend you pick up your repeat prescription from your nearest pharmacy please nominate them here:

Name and address of chosen pharmacy: _____

This will mean you no longer need to come to the practice to pick up your prescription. Your medication will be ready at your chosen pharmacy two working days after ordering.

30. Do you have any long-term illness, health problem or disability? Yes No

31. Do you smoke? I've never smoked I smoke => cigarettes per **day**: _____*
 I used to smoke => Date I quit: _____

* **Smoking is bad for your health.** For help to quit please call **0300 123 1044** or visit www.nhs.uk/smokefree.

32. How often do you have a drink containing alcohol?

₀ Never ₁ Monthly or less ₂ 2-4 times per month ₃ 2-3 times per week ₄ 4+ times per week

Alcohol units: Pint of beer/lager/cider = 2, Single spirits (25ml) = 1, Glass of wine (175ml) = 2, Alcopop = 1.5

33. How many units of alcohol do you drink on a typical day when you are drinking?

₀ 1-2 ₁ 3-4 ₂ 5-6 ₃ 7-8 ₄ 10+

34. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? ₀ Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily

Language

35. My main spoken language is: _____ (one only)

36. Do you have any problems reading English?

- I have no problems
 I have some problems
 I have a lot of problems

37. Do you have any problems speaking English?

- I have no problems
 I have some problems
 I have a lot of problems

38. If English is not your main spoken language, do you need an interpreter (someone to help with language) when you visit the doctor? Yes No

Current University students only

39. Are you currently a full-time or part-time University student? Yes No

If "No", please ignore the rest of this section.

40. Which University? _____

41. Course end date: _____

42. Are you an overseas student? Yes No

Thank you for completing this form. The information will help us plan our service better. For more details about how we use your information, please see our website or practice leaflet.