

PATIENT INFORMATION

All sections **MUST** be completed in order to register you.

DATE: _____

PERSONAL DETAILS

Name: _____

Address (If house name please state house number also):

Date of Birth (dd/mm/yy) : _____ Home Phone No: _____

Day time contact no/ Mobile No: _____

KEEPING IN TOUCH

At Kings Corner Surgery we would like to keep you informed about our practice & local services. To keep you updated our PPG (Patient Participation Group) produces regular practice newsletters to inform patients on current local projects, practice information as well as arranging & promoting health information evenings. We will treat your data with respect and in accordance with our privacy policy.

By providing your email you agree to be contacted by us.

Your E-mail: _____

You can stop receiving updates at any time by emailing kings.corner1@nhs.net

ETHNIC ORIGIN (please tick as appropriate)

African		Other Black background	
Bangladeshi or British Bangladeshi		Other mixed background	
British or mixed British		Other white background	
Caribbean		Other	
Chinese		Pakistani or British Pakistani	
Indian or British Indian		White and Asian	
Irish		White and Black African	
Other Asian background		White and Black Caribbean	

SMOKING STATUS

Smoking Status:- Never smoked / Ex-smoker / Smoker - How many a day? _____

PATIENT INFORMATION

NEXT OF KIN

Next of Kin: _____ Relationship: _____
(Must be in the UK)
Home Phone: _____ Daytime Contact No: _____

CARERS

Are you a carer?	YES	NO	Do you have a carer?	YES	NO
Who do you care for? Name: _____			Carer's Name: _____		
Carer's contact No. Home: _____			Carer's contact No.Home: _____		
Mobile Tel: _____			Mobile Tel: _____		
Relationship: _____			Relationship: _____		

MILITARY VETERAN

Have you ever served in the British Military including reserves?	YES	NO
Are you a current reservist?	YES	NO

PRESCRIPTIONS

The Electronic Prescription Service (EPS) is an NHS service that allows us to send your prescription(s) directly to your chosen pharmacy. This paper-free prescription service means that you do not have to come into the surgery to collect your prescription.

We would encourage all patients to register for this free service.

Chosen Pharmacy: _____