

The Smethwick, Hollybush and Rood End Medical Centres

APPLICATION FORM

IMPORTANT: THIS FORM MUST BE COMPLETED IN ADDITION TO THE GMS1 FORM, WHICH IS AVAILABLE TO DOWNLOAD FROM OUR WEBSITE, OR FROM ANY OF OUR RECEPTION DESKS

Thank you for your interest in joining our surgery. To help us with your registration and to enable us to keep you well, we require the following information.

If you have been previously registered with a GP *and* have a medical card, we can register you with no further identification details.

Otherwise, we have a legal duty to confirm your identity by taking a copy of one of the following documents:

ADULTS

- Medical card,
 - Passport,
 - Birth certificate,
 - or full driving license,
- AND a recent utility bill as proof of address.

CHILDREN

If you have a medical card for your children, again we can register them without further information. If you do not, we will use your identification details to register them.

- Please bring your children's Red Book when you attend surgery.

Please complete as many of the following list of questions as you can

Name

Date of birth,

Home Telephone Number

Mobile Telephone Number

E-mail address

Have you been a patient at this practice before Yes / No

If yes when did you leave and why?

.....

Is anyone else living at your address registered at the surgery Yes / No

What is your religion?

What language do you speak?

What is your occupation?

Your approximate height

Your approximate weight

Do you smoke? Yes/No

If yes, how many a day

Are you an ex-smoker? Yes / No

If yes, what year did you give up

Do you drink alcohol? Yes / No

If yes, how many units per week

On average

- one small glass of wine contains one unit
- one glass of sprit contains two units
- one pint of beer contains two units

Do you have any allergies?

Please give details

Do you take any medication? Either list any medication below or attach a repeat prescription form from your last surgery.

Name of tablet	Strength/dose	How often

(Please use a separate sheet if necessary.)

LADIES ONLY

Are you pregnant now? Yes / No

When did you last have a cervical smear?

If you are using contraception, what form are you using

CARERS

Do you look after someone who is sick or disabled? Yes / No

If so please give their name and address

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Do you have a carer who looks after you? Yes / No

If so give the name and address of your carer

.....

Medical History

Have you every suffered from or do you have	or a close family member			
	Yes	No	Yes	No
Cancer				
Angina				
Heart Attack				
Other Heart problems				
High blood pressure				
Stroke				
Asthma				
Diabetes				
Epilepsy				
Thyroid Disease				
Mental Illness				
Any other significant Illness				

When did you last have a tetanus vaccination?

Please provide any other information that you think we should know about with reference to your health

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.....
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.....

Do you have private health care?

Emergency contact details

Name and relationship to you

Telephone number

If you have any problems filling in this form, please feel free to ask the receptionist who will be happy to help you.

Thank you for taking the time to complete this application form. We look forward to seeing you in the surgery!