

**NEW REGISTRATION-ADDITIONAL FORM**  
**HEADSTONE ROAD SURGERY**

**NEW PATIENT INFORMATION RECORD**

DATE : \_\_\_\_\_

TITLE : Mr / Mrs / Miss / Ms

FIRST NAME : \_\_\_\_\_

SURNAME : \_\_\_\_\_

MARITAL STATUS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

MOBILE NUMBER : \_\_\_\_\_

WOULD YOU LIKE A TEXT MESSAGE, REMINDING YOU OF YOUR APPOINTMENT?

YES  NO

EMAIL ADDRESS : \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE YOUR ONLINE ACCESS TO BOOK APPOINTMENTS,  
REQUEST PRESCRIPTIONS AND SEE YOUR TEST RESULTS?

YES  NO

Since we are going paperless all requested prescriptions are going electronically to the  
Pharmacy. Please nominate yourself with a pharmacy nearby to you  
NOMINATED PHARMACY :

**NEXT OF KIN DETAILS: (from UK only)**

NEXT OF KIN TITLE, NAME & SURNAME : Mr/Mrs/Miss/Ms

RELATIONSHIP TO NEXT OF KIN : \_\_\_\_\_

NEXT OF KIN EMERGENCY CONTACT NUMBER : \_\_\_\_\_

IN THE EVENT OF EMERGENCY CAN MEDICAL RECORDS  
BE DISCUSSED WITH YOUR NEXT OF KIN?

YES

NO

**LANGUAGE SUPPORT**

MAIN SPOKEN LANGUAGE : \_\_\_\_\_

DO YOU NEED SUPPORT WITH SPOKEN ENGLISH:

YES

NO

**RELIGIOUS AND CULTURAL IDENTITY (optional)**

RELIGION YOU PRACTICE : \_\_\_\_\_

ETHNICITY : \_\_\_\_\_

**HEALTH QUESTIONNAIRE**

HEIGHT

WEIGHT (in kilos)

Recent BP reading:

Any allergies (Medication, food or any other) :

**ANY GENERAL MEDICAL HISTORY** :

Do you suffer from any of the following ? (Tick all the that apply)

Heart Disease

Diabetes

Asthma

Epilepsy

high BP

Any other: \_\_\_\_\_

**FAMILY HISTORY** :

Which of your blood relations have suffered from the following (Tick all that apply)

Heart attack

Stroke

Asthma

Cancer

Diabetes

TB

High BP

Any other: \_\_\_\_\_