Plas Meddyg Surgey
40 Parkhill Road, Bexley, Kent, DA5 1HU

ADULT REGISTRATION FORM

TITLE…….. SURNAME/FAMILY NAME…….....

FORENAMES .....

MAIDEN / FORMER NAME.....

DATE OF BIRTH..... NHS NO (IF KNOWN)……

GENDER: Male ☐ Female ☐ Other……

ETHNICITY (please tick):

WHITE - BRITISH		ASIAN OR ASIAN BRITISH - INDIAN	
WHITE - IRISH		ASIAN OR ASIAN BRITISH - PAKISTANI	
WHITE - OTHER		ASIAN OR ASIAN BRITISH - BANGLADESHI	
MIXED - WHITE AND BLACK CARIBBEAN		ASIAN OR ASIAN BRITISH - OTHER ASIAN BACKGROUND	
MIXED - WHITE AND BLACK AFRICAN		BLACK OR BLACK BRITISH - CARIBBEAN	
MIXED - WHITE AND ASIAN		BLACK OR BLACK BRITISH - AFRICAN	
MIXED - OTHER MIXED GROUPS		BLACK OR BLACK BRITISH - OTHER BLACK BACKGROUND	
ANY OTHER ETHNIC GROUP		CHINESE	
NOT STATED/ RATHER NOT ANSWER			

TOWN/COUNTRY OF BIRTH……..

IF FROM OVERSEAS, DATE OF ENTRY TO THE UK…….

MAIN LANGUAGE……..……..INTERPRETER REQUIRED YES ☐ NO ☐

HOME ADDRESS.....……

……...

POSTCODE..... EMAIL ADDRESS……

TELEPHONE NUMBERS HOME……..... MOBILE……..

PREVIOUS ADDRESS …….

PREVIOUS GP PRACTICE……..

NEXT OF KIN, NAME……PHONE NO……

HEIGHT..... WEIGHT…….....

SMOKING: Do you smoke? Yes ☐ No ☐ Ex-Smoker ☐

Cigarettes ☐ Cigars ☐ Pipe ☐ Vape ☐ How many per day? .....

ALCOHOL: Do you drink alcohol? Yes ☐ No ☐ How much per week? .....

MEDICATION**:** Please give full details of any tablets/medications taken regularly and please bring your repeat prescription slip from your previous doctor with you when returning this form so that we can photocopy it

…….....

……...

……

Do you suffer from any ALLERGIES TO MEDICINES? Yes ☐ No ☐

Details.....

……

Please complete the following:

I do ☐ do not ☐ give permission for my prescriptions to be collected by a member of my family.

I do ☐ do not ☐ give permission for messages to be left on my telephone for me.

I consent for the following person (carer/family member) to have access to my medical records and deal with repeat prescriptions / test results / referrals / medical advice.

Carer/Family Member's Name …….

Patient's signature …….. Date……..

DATA SHARING

To enable other NHS Healthcare Organisations to administer any treatment safely, they need to be aware of your current medications, allergies and adverse reactions. By default this information will be shared with them by us. If you DO NOT wish for this information (Summary Care Record) to be shared, please complete the following:

I DO NOT wish for my Summary Care Record to be shared ☐

Signed……. Date …….

Additional patient data from GP Medical Records is used every day to improve health, care and services through planning and research. Any data that NHS Digital collects in this way will only be used for health and care purposes. It is never shared with marketing or insurance companies. If you DO NOT want your patient data shared with NHS Digital please contact 0300 303 5678 or complete the online form via YOUR NHS MATTERS
(www.nhs.uk/your-nhs-data-matters/manage-your-choice/)