

St Mary's Surgery  
 Church Close  
 Andover  
 Hants  
 SP10 1DP

**NEW PATIENT REGISTRATION**  
**QUESTIONNAIRE (ADULT)**

**For Office Use Only:**  
**Named GP**  
**Staff Initials:**  
**ID seen?     Y/N**

Welcome to St Mary's Surgery, as a new patient to our practice we will require you to complete this form fully to the best of your knowledge. It is helpful for us to have as much information as possible while we await the arrival of your full medical record.

**Unfortunately we are unable to process any incomplete registrations.**

If you would like this information in an alternative format, i.e. large print or easy read or if you require alternative help in communicating with us, such as British Sign Language please let us know.

<b>Title: Mr/Mrs/Ms/Other</b>	<b>Name:</b>	<b>Surname:</b>
<b>Preferred Name:</b>	<b>Previous Surname:</b>	<b>Date Of Birth:</b>
<b>Address:</b>		
<b>Postcode:</b>	<b>Telephone Number:</b>	
<b>Town/Country of Birth:</b>	<b>NHS Number (if known):</b>	<b>Marital Status:</b>
<b>Your Previous Address:</b>	<b>Previous GP Address:</b>	<b>Are you from abroad?</b>  <b>Yes/No</b>  <b>If yes what date did you come to the UK?</b>
<b>Postcode:</b>	<b>Postcode:</b>	
<b>Have you previously served in the armed forces?     Yes/no</b>		
<b>Are you returning from the Armed Forces?     Yes/No     If yes please complete the following:</b>		
<b>Address before enlisting:</b>		
<b>Service/Personnel Number:</b>		
<b>Enlistment Date:</b>	<b>Leaving Date:</b>	
<b>Next of Kin Name:</b>		
<b>Relationship to you:</b>		
<b>Next of Kin Address:</b>		
<b>Next of Kin Contact Number:</b>		

Your Occupation:	Do you have a carer? <span style="float: right;">Yes/No</span> If yes what is their Name and Contact Number?	
What is your ethnic origin?	Your Main Language Spoken?	What is your religion if any?
Height:	Weight:	Any Regular Exercise?
Do you smoke? Yes/No If yes how much per day?	Have you ever smoked? Yes/No If yes when did you last smoke?	Do you have any allergies?
Please list all of your current medication, please include any over the counter medication and contraceptive pills.		
Please list any serious illnesses that you have and any operations that you have had or anything else that you feel we should be aware of.		
<p><b>NHS Organ Donor Registration</b> <span style="float: right;">For more information visit <a href="http://www.uktransplant.org.uk">www.uktransplant.org.uk</a></span></p> <p>I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.</p> <p><input type="checkbox"/> Any of my organs and tissue    <input type="checkbox"/> Heart    <input type="checkbox"/> Liver    <input type="checkbox"/> Corneas    <input type="checkbox"/> Lungs    <input type="checkbox"/> Pancreas</p> <p>Signed ..... Date ...../...../.....</p>		
<p><b>NHS Blood Donor Registration</b> <span style="float: right;">For more information please ask for a leaflet at Reception</span></p> <p>I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.</p> <p>Tick here if you have given blood in the last 3 years <input type="checkbox"/></p> <p>Signature..... Date ...../...../.....</p>		

**I declare the above information to be true to the best of my knowledge, if there are any changes in my circumstances then I will ensure that I notify the Surgery as soon as possible.**

**Signed ..... Date ...../...../.....**