

ADSWOOD ROAD SURGERY

www.AdswoodSurgery.co.uk

NEW PATIENT REGISTRATION

FOR PATIENTS UNDER 16 YEARS OF AGE.

To register at the practice :-

1. **Please complete both sides of the GMS 1 form** (if you do not know your NHS number and have been previously registered with a GP please contact them to find out what your NHS number is).
2. **Please complete both sides of the New Patient Registration Questionnaire.**

Please bring the forms below back to the practice when they are completed with :-

- For children under 5 years old their Immunisation “Red Book”.

ADSWOOD ROAD SURGERY - UNDER 16'S NEW PATIENT QUESTIONNAIRE

Name Date of Birth

Address

Post Code Contact Tel Number

Name of Parent / Guardian

Name / Address of any other adult with parental responsibility.....

.....

Name of any other adults living at your address :

.....

.....

.....

Please indicate from the list below your ethnicity :-

| |
|---|
| White British Group () Irish () |
| Mixed White & Black Caribbean () White & Black African () White & Asian () |
| Asian or Asian British Indian () Pakistani () Bangladeshi () |
| Black or Black British Caribbean () African () |
| Chinese or other ethnic Group Chinese () Any Other (please state) |

Please state your First Language

Name of the School You Attend

Over 14 years of age ? Do you smoke ? Please circle YES NO

Children Under 5 Years

The Name of your Health Visitor if known

PLEASE COMPLETE THE OTHER SIDE

