For children under 16 only New patient information form			
Have you ever been registered with our practice before?		Yes □	No 🗆
Master  Miss	Family (Last) name:		
First name:	E-mail:		
Home Telephone No:	Mobile No:		
Main language:	Do you need an interpreter:	Yes □	No 🗆
Have you opted out of the Summary Care Record?		Yes □	No 🗆
Are you a carer?		Yes □	No 🗆
Have you got a carer?		Yes □	No 🗆
Have you ever served in the Armed Forces in the UK?		Yes □	No 🗆
Do you take any medication?		Yes □	No 🗆
If yes, list your medications below. Please no doctors before they can be issued.	te these will need to be confirmed	by your pr	evious
Do you suffer from any allergies or disabilitie	es? (e.g. hearing problems, wheelchair ad	ccess, guide	e dog)
Any medical conditions in your family (For example: Hypertension, mother, diagnosed in 1992, aged 49)			
Who is your next of kin? (Name, address, relationship + phone numbers)			
Can we contact your next of kin in an emergency?		Yes □	No 🗆
Can we discuss your medical records with your next of kin?		Yes □	No 🗆
Weight: kilograms	Height: centimeters		
Smoking status: Never smoked	Smoker: per day	Ex-smo	ker 🗆

Name of the school / nursery: Telephone number: Parental responsibility Name: Telephone number: Name: Telephone number: Siblings Name: Date of birth: Name: Telephone number: Name: Telephone number: Name: Telephone number: Name: Telephone number: Name: Telephone number: What is your ethnicity? (Optional) White British White British White and Black Caribbean / White and Black British Caribbean White and Black Caribbean / White and Black British African White and Black African / White and Black British African Name: Pakistani / British Pakistani Pakistani / British Bangladeshi Any other Mais packground, please state: Black Caribbean / Black British Caribbean Any other Asian background, please state: Black Caribbean / Black British Caribbean Any other Mixed background, please state: Black African / Black British Caribbean Black British Caribbean Black British Caribbean Black British Caribbean Black British Caribbean Black British Caribbean Any other Asian background, please state: Any other Asian background, please state: Black African / Black British African Any other Black British African Any other Black British African Any other Black British African Any other Black British African	School / Nursery		
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