



## The Datchet Health Centre Registration Form

We are pleased to welcome you to our practice. Please complete both sides of the form in full. Your registration will be processed within 48 hours.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
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Date of birth	First Names
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NHS number	Previous Surname/s
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<input type="checkbox"/> Male <input type="checkbox"/> Female	Town & Country of birth
Home Address	
Postcode	Telephone number
E mail address	Mobile number
Next of Kin	Relationship
Address if different from above	
Contact telephone number	

**Please help us trace your previous medical records by providing the following information:**

Your previous address in UK	Name of previous doctor whilst there
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Address of previous doctor
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**If you are from abroad**

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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**If you are returning from the Armed Forces**

Address before enlisting

Service or Personnel number	Enlistment date
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Date of Discharge	PTO
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Have you had any operations  Yes  No  
 If yes, what operation and in which year? -----

Have you had any serious illnesses?  Yes  No  
 If yes, what illness and in which year? -----

**Has anyone in your close family suffered from:**

Diabetes  Yes  No Relationship?-----

Coronary Heart Disease  Yes  No Relationship?-----

Stroke  Yes  No Relationship?-----

Are you a current smoker?  Yes  No

If yes please state quantity per day -----

If no have you ever smoked regularly?  Yes  No

If yes when did you cease smoking? -----

Pint of regular beer/cider    Pint of strong beer/lager/cider    Alcopop or 275ml bottle lager    440ml can of regular lager/cider    440ml can of super strength lager    175ml glass of wine    Bottle of wine 12%



How many units of alcohol do you drink in one week? -----

Questions	0	1	2	3	4	Your score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Please circle your Ethnic Origin:

British/Mixed British	White & Black Caribbean	Caribbean
Irish	White & Black African	African
Other White	White & Asian	Other Black
Indian/British Indian	Chinese	Other Mixed
Pakistani/British Pakistani		Other: _____
Bangladeshi/British Bangladeshi		Declined

First language: \_\_\_\_\_

Signature of Patient     Signature on behalf of patient    Date: \_\_\_\_\_

**If you are registering a child aged 5 years or under, please provide their immunisation history at registration.**

*For Surgery use:*

Registered with: \_\_\_\_\_ Date of registration: \_\_\_\_\_ EMIS No: \_\_\_\_\_  
 Registered by: \_\_\_\_\_ Template entry completed: \_\_\_\_\_

Proof of residency received: \_\_\_\_\_