

Sperrin Family Practice



Gortin & Plumbridge

DR D MCAULEY

NEW PATIENT REGISTRATION INFORMATION FORM
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It is not possible to undertake medical care without collecting and processing personal and health data. Information collected will be for specified, explicit and legitimate purposes only. Please See our Privacy statement (available from reception) for further details on what information we collect, how we process it and your rights as a patient.

Surname: _____ First Name: _____
 Known as: _____ Birth Name: _____
 D.O.B: _____ Place of Birth: _____
 Marital Status (Mr, Mrs, Miss, Ms)
 Address: _____

Postal Code: _____

Telephone Number: _____ Mobile Number: _____

E Mail address: _____

Preferred Pharmacy: _____

Dispensing (Plumbridge only - (DP1 Form completed) _____

Height _____ Weight _____

Smoking: Current/Never/Ex Smoker Alcohol: Units per week _____ per day _____

Beer/Spirits/Wine/Other _____

Blood Pressure (if known): _____ Date of last smear: _____

Allergies: _____

Medication: _____

Do you consent to your basic info being held on 'Emergency Care Summary Record' i.e. Name, address, DO.B, current medication, allergies etc which can be shared for example with the Out Of Hours GPs, should you require their services?	YES/NO
Do you consent to your patient held information being collected anonymously for use in research? (THIN- The Health Improvement Network)	YES/NO
Do you care for a family member? <ul style="list-style-type: none"> If you have answered 'yes' to the above question, as a new patient to the Practice, please make an appointment for an assessment of your needs as a carer. 	YES/NO

Do you have a hearing difficulty? Yes/No

- Are you a sign language user? BSL/ISL
- If Yes do you use BSL (British Sign Language) or ISL (Irish Sign Language)