



# The Docs - Patient Registration Form

Please use BLOCK CAPITALS and answer all the questions.  
The information provided will form part of your medical record.

| Official use only |  |              |        |
|-------------------|--|--------------|--------|
| ID seen           |  | In: Int/date | Pt No: |
| Proof of address  |  |              |        |

## Personal Details

1. Title: \_\_\_\_\_

2. Surname: \_\_\_\_\_

3. First names: \_\_\_\_\_

4. Previous surname(s): \_\_\_\_\_

5.  Female  Male  Transman  Transwoman

6. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Day) (Month) (Year)

7. NHS Number: \_\_\_\_\_  
(if known)

8. Town and \_\_\_\_\_  
Country of birth \_\_\_\_\_

9. If you are from abroad, \_\_\_\_/\_\_\_\_/\_\_\_\_  
the date you came to UK: (Day) (Month) (Year)

10. Have you **EVER** been registered with this practice?  
 Yes  No

11. Current Manchester address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode : \_\_\_\_\_

12. Home telephone: \_\_\_\_\_

13. Work telephone: \_\_\_\_\_

14. Mobile telephone: \_\_\_\_\_

15. Email: \_\_\_\_\_

16. Tick how we can communicate/ message you  
 Mail  Text  Answerphone  Email  Work

17. What is your sexual orientation?  
\_\_\_\_\_

18. Occupation: \_\_\_\_\_

19. Have you ever served in the British Armed Forces?  Yes  No

## Previous GP Details

20. Have you ever been registered with a G.P in the UK?  Yes  No

21. Name and address of last GP/surgery: \_\_\_\_\_

22. Your Address while registered with that GP: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_

## Signature

23a. Signature of patient:

23b. Signature on behalf of patient: \_\_\_\_\_

24. Date: \_\_\_\_\_

## Your Next of Kin / Emergency Contact

25. Next of kin's name: \_\_\_\_\_

26. Relationship to you: \_\_\_\_\_

27. Next of kin's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Telephone numbers: \_\_\_\_\_

## NHS Organ and Blood Donor registration – voluntary

If you would like to join the NHS Organ and blood Donor Register visit  
**[www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)**  
or call **0300 123 2323**

**Please Turn Over**

**Your Ethnic Group**

29. Please tick your ethnic group:

*Please tick One box Only**These ethnic group descriptions are a national standard taken from the 2001 census.*

- |  |   |
|--|---|
| <input type="checkbox"/> White                             | <input type="checkbox"/> Chinese        |
| <input type="checkbox"/> Indian                            | <input type="checkbox"/> Somali         |
| <input type="checkbox"/> Pakistani                         | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Bangladeshi                       | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Black Caribbean                   | <input type="checkbox"/> Black African  |
| <input type="checkbox"/> Any other – Please write in _____ |   |

**Language**

30. My main spoken language is: \_\_\_\_\_ (only one)

31. If English is not your main spoken language, do you need an interpreter (someone to help with language) when you visit the doctor?  Yes  No**Health** 32. Do you take regular medication?  No  Yes: details: \_\_\_\_\_33. Do you have any long-term illness, health problem or disability?  No  Yes  
If you have answered "Yes" to either of these questions, please make an appointment to see the nurse.34. Do you have any allergies?  No  Yes \_\_\_\_\_35. Do you have a family history of any medical conditions such as asthma, heart disease, diabetes?  
 No  Yes: details: \_\_\_\_\_

36. Height \_\_\_\_\_ 37. Weight \_\_\_\_\_ 38. When was your last cervical (pap) smear test? \_\_\_\_\_

39. **If you have ongoing medical problems or are over 45 please book for a health check with a nurse**40. **If you would like a free sexual health check please book an appointment with our sexual health nurse****Lifestyle** 41. Are you a **main carer** (unpaid) for someone who has poor health or disability?  Yes  No42. Do you have an unpaid carer for your poor health or disability?  Yes  No  
**If YES please give details: Name \_\_\_\_\_ Contact number: \_\_\_\_\_**43. Do you smoke?  No  Yes: If yes, how many? \_\_\_\_\_ per **day**  
 I used to smoke => Date I quit: \_\_\_\_\_Alcohol units: Pint of beer/larger/cider = 2 units single spirits (25ml) = 1 unit Glass of wine (175ml) = 2 units Alcopop = 1.5 units

44. How many units of alcohol do you drink per week \_\_\_\_\_ Units per week

45. How often do you have a drink containing alcohol?

- |                                |  |  |   |  |
|--------------------------------|--|--|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Monthly or less | <input type="checkbox"/> 2-4 times per month | <input type="checkbox"/> 2-3 times per week | <input type="checkbox"/> 4+ times per week |
| 0                              | 1  | 2  | 3   | 4  |

46. How many units of alcohol do you drink on a typical day when drinking?

- |                              |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-6 | <input type="checkbox"/> 7-8 | <input type="checkbox"/> 10+ |
| 0                            | 1                            | 2                            | 3                            | 4                            |

47. How often have you had 6 or more units if female, or 8 if male, on a single occasion in the last year?

- |                                |  |                                  |                                 |  |
|--------------------------------|--|----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Less than monthly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily or almost daily |
| 0                              | 1  | 2                                | 3                               | 4  |

**Current University students only**

48. Are you currently a University student?

- 
- Yes
- 
- No (If 'No' please ignore the rest of this section)

49. Which university? \_\_\_\_\_

50. Course **end** date: \_\_\_\_\_51. Are you an International Student?  Yes  No**Thank you for completing this form. The information will help us plan our service better.  
For more details about how we use your information, please see our practice leaflet.**