Ballymoney Health Centre
21b Newal Rd, Ballymoney, Co.Antrim, BT53 6HB

Tel: 028 2766 0300
Website: **www.ballymoneyfamilypractice.co.uk**
Email: **Reception.Z00345@gp.hscni.net**

New Patient Registration Form

Please complete ALL sections and please write CLEARLY

1.

Mr, Mrs, Miss, Ms _____ Surname: _____ Forenames: _____

Date of Birth: _____ Maiden Name_____

Address: _____ Phone No: Home: _____

_____ Work: _____

Postcode: _____ Mobile: _____

E-mail: _____

*A mobile phone number and an e-mail will enable us to send you generic messages/reminders via the SMS Text Service and also will allow us to register our patients for other online services. You can then make appointments, cancel appointments and order prescriptions online. Once the admin team have you on our clinical system you will receive an e-mail detailing your registration details – you will need to log in via our website at www.ballymoneyfamilypractice.co.uk to access the registration screen. If you **do not** wish to avail of these services please sign below:*

_____

Are you a Carer? Yes / No
If **yes**, who do you care for - _____.

Can we have your **PREVIOUS ADDRESS**: _____
_____ Post Code: _____

Name & Address of **PREVIOUS Doctor or Practice** _____
_____

Have you previously been registered in Ballymoney? YES / NO Which Doctor? _____

2. Are you taking any **PRESCRIBED MEDICATION** from your previous GP.
(**Please include all medications including contraception, inhalers & injections**).

Drug Names	Tablet Strength	How many Tablets (or doses)	How many times daily	Everyday or occasional	Office Use (Amounts)
Eg. Aspirin	75mg	1	1	Everyday	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

3. Do you have your medications dispensed weekly by the chemist: YES / NO
If **Yes** which chemist do you use? _____

4. Have you any allergies (eg Penicillin/Aspirin/Others) Please List:-
_____

Continued overleaf →

5. Have you ever smoked? YES/NO. If currently still smoke, how many per day? _____.
Ex-smoker – when did you stop? _____

6. Do you drink Alcohol? YES/NO. How many units in an average week? _____.
Guidelines for units of alcohol: Pint of beer/lager = 2 units, small glass of wine = 1.5 units, measure of spirits = 1.5 units.

7. Do you suffer from any of the following (please circle):-
High Blood Pressure, Heart Disease (Angina/Heart attack), Stroke, Under Active Thyroid, Diabetes, Asthma.

WOMEN

8. Are you currently pregnant? YES/NO. If so how many weeks? _____.
(Receptionist will organise appointment with midwife)

9. When was your last smear? _____. Was it normal? YES / NO.

9. Place of Birth: _____
(eg, Northern Ireland, England, USA)

10. WE ARE REQUIRED TO RECORD YOUR ETHNIC GROUP. PLEASE COMPLETE THE FOLLOWING:

What is your ETHNIC GROUP?
Choose **ONE** section from **A to E**, and then **tick** ✓ the appropriate box to indicate your cultural background.

A. **White** - Scottish ☐ Northern Irish ☐ Welsh ☐ English ☐ Irish ☐
Any other White background, please write in _____.

B. **Mixed** – White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐
Any other Mixed background, please write in _____.

C. **Asian or Asian British** – Indian ☐ Pakistani ☐ Bangladeshi ☐
Any other Asian background, please write in _____.

D. **Black or Black British** – Caribbean ☐ African ☐
Any other Black background, please write in _____.

E. **Chinese or other Ethnic Group** – Chinese ☐
Any other, please write in _____.

NEXT: Hand this completed form, along with completed documentation to our Receptionists.
Thank you for your Co-operation.

NEXT: If you are 15 years old or over, come to our Receptionists, they will arrange some simple health checks (done automatically by a machine in reception).

For nurse/receptionist to fill in:

BP _____ Urinalysis _____ (? MSSU sent YES / NO)

Ht. _____ Wt. _____

For Office use only.

1) Green Registration Form received ☐ Accept YES ☐ NO ☐
2) One of the following:-
HS200 + 2 forms of ID ☐ Drugs checked ☐
HSC/R1 + 3 forms of ID ☐
3) Practice Leaflet given ☐ Signed:_____
4) Health Check Measurements ☐
5) Form checked by _____ Date_____