

BALLYMONEY FAMILY PRACTICE

Ballymoney Health Centre
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Doctors:- D Johnston, J Burns, C Murphy, P Hughes, D Hughes, S Fleming, Dr R Brown & Dr T Murphy

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: _____		
<p><i>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:</i></p>		
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:-

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 _____