

**FOREST HOUSE MEDICAL CENTRE & WARREN LANE SURGERY**

**2a Park Drive**

**L.F.E.**

**Leicester LE3 3FN**

**Tel: 0116 2898111, web: [www.foresthousemedicalcentre.co.uk](http://www.foresthousemedicalcentre.co.uk)**

Thank you for applying to join Forest House Medical Centre & Warren Lane Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. **Please supply two forms of Identification with your completed form, a photographic form of ID (such as passport or driving licence) and proof of your home address (such as a recent bank statement or document relating to your new home)**

**Please note if you do not complete the form fully you may not be able to register**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.

Fields marked with an asterix (\*) are mandatory.

*Title	*Surname
*Any previous surname(s)	
* <input type="checkbox"/> Male <input type="checkbox"/> Female	
Town and country of birth	
*Home telephone No.	
Work telephone No.	
*Mobile No. (if you have one) Do you consent to receive text messages on this number for the patient Yes <input type="checkbox"/> No <input type="checkbox"/>	

*First names
*Date of Birth
*NHS No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
*Home address
*Postcode
Email address

**Previous address**

*Previous address in the UK
Postcode

**Previous GP details**

Name of previous doctor while at that address
Address of previous doctor

**If you are from abroad**

*Your first UK address where you registered with a GP if you were previously living abroad
Postcode

*If previously a resident in the UK, date of leaving
*Date you first came to live in the UK if applicable

**Additional details about you**

What is your ethnic group?					
<b>White</b>	<input type="checkbox"/>	British	<input type="checkbox"/>	Irish	
<b>Black</b>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	
<b>Asian</b>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/> Chinese
<b>Mixed</b>	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>	White + African	<input type="checkbox"/> White + Asian
<b>Other</b>	<input type="checkbox"/>	Please specify:			

**Data Sharing**

<b>Summary Care Record (SCR)</b> The SCR is a summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. <b>More information can be found by visiting <a href="http://www.nhscarecords.nhs.uk">www.nhscarecords.nhs.uk</a></b> <b>Do you consent to the Summary Care Record (SCR) ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Medical Interoperability Gateway (MIG)</b> Whilst the SCR mentioned shares a very small portion of your medical record across the whole NHS, the MIG shares a much fuller view of your records but only with local NHS providers – and only when you give explicit consent at the point of care. <b>Tick this box if you wish to opt-out of the MIG</b> <input type="checkbox"/>
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**Medical details**

**Please attach any repeat medication you have on a regular basis.**

\*Are you allergic to any medicines?  Yes  No (if yes please specify)

\*List other allergies (pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of)

**Do you wish to nominate a pharmacy for prescriptions to be electronically sent**  
**If yes please enter the pharmacy you wish to nominate .....**  
**(please ask at reception for further information)**

**Have you ever had any of the following conditions**

<b>Polio</b>	<input type="checkbox"/> Yes	Dates
<b>Diphtheria</b>	<input type="checkbox"/> Yes	Dates
<b>Tetanus</b>	<input type="checkbox"/> Yes	Dates
<b>MMR</b>	<input type="checkbox"/> Yes	Dates
<b>Pnuemococcal</b>	<input type="checkbox"/> Yes	Dates
<b>Yellow Fever</b>	<input type="checkbox"/> Yes	Dates

<b>Whooping Cough</b>	<input type="checkbox"/> Yes	Dates
<b>Hib</b>	<input type="checkbox"/> Yes	Dates
<b>Hep A or B</b>	<input type="checkbox"/> Yes	Dates
<b>Meningitis</b>	<input type="checkbox"/> Yes	Dates
<b>Typhoid</b>	<input type="checkbox"/> Yes	Dates
<b>Other please name</b>	<input type="checkbox"/> Yes	Dates

List any serious illnesses asthma /diabetes/ operations / accidents / disabilities etc

**\*Signed**

**\*Date**        /        /        /

**Signed on behalf of patient** (if applicable)  
(e.g. for minors under 16 years old, adults lacking capacity)

**Print name**

**NHS LEICESTERSHIRE COUNTY & RUTLAND**

**COMMUNITY HEALTH SERVICES – CHILDREN’S  
HEALTH VISITING & SCHOOL NURSING LIAISON**

**New registration for Children 0 – 16 years with the practice**

Dear Parent / Carer / Guardian

Date:

Please complete the following details about your family and leave this information at reception. This information will be shared with the Health Visitor (for pre-school children) or School Nursing Service (if school age).

Parent / s name: .....

New Address: .....

Previous Address: .....

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Tel. No: Home: ..... Work: .....

Previous GP/Base: .....

Previous Health Visitor/Base: .....

Child 1: ..... D.O.B.: ..... School attends: .....

Child 2: ..... D.O.B.: ..... School attends: .....

Child 3: ..... D.O.B.: ..... School attends: .....

Registering with :- .....Forest House Medical Centre.....

Surgery Address: .....2a Park Drive, Leicester Forest East, Leicestershire, LE3 3FN.....

If school age – Name of School: .....

Tear off slip below for Parents

✂.....✂.....✂.....✂.....✂

Health Visitor Contact is: Anne Goadby /Lisa Birks or Louise Martin  
and Karen Derbyshire(HVA)  
Base: ...Braunstone Health Social Care Centre

Tel. no: 0116 2953397.....

To discuss school age health needs please contact – Elaine Worden and Helen Bennett

School Nursing Service based at: ...Leysland School Clinic, Countesthorpe.....

Tel. No.: 0116 2772123.....