Bishops Road Medical Centre & Tongwynlais Surgery
New Patient Registration Form

Title:		Marital Status:	
First Names:			
Family Name:			
Gender:	Male Female	(Delete as applicable)	
Date of Birth:			
NHS Number: (If Known)			
Your 1st language spoken/understood:	Would you require a translator?		
Address:	Postcode:		
Home Telephone No:			
Mobile Number:			
Work Number:			
Email Address:			
By giving us these details, you consent to us contacting you via these methods			
Incase of an emergency, please provide your **Next of Kin** details.	**Name:** **Relationship to you:** **Contact number:**		
If you **have** a carer please state their name / address / phone number and sign here if you wish to disclose information about your health to your carer. If you **are** a carer, please state the name and address of the person you care for.			
Are you an **armed forces veteran**?			
Do you **smoke**? (If so, how many cigarettes/cigars/tobacco per week?)			
How often do you **exercise** per week? (what types of exercise?)			

Your Medical Background			
Have you been diagnosed with any of the following conditions? (Please tick)			
Asthma		Diabetes	
Cancer		Epilepsy	
CHD Heart Disease (eg Angina, Heart Attack/Failure or Atrial Fibrillation)		Hypertension (High blood pressure)	
Chronic Kidney Disease		Learning Difficulties	
COPD Chronic Obstructive Pulmonary Disease (Breathing Problems)		Thyroid Problems	
Dementia		Mental Illness / Depression	
Stroke			

Please list any problems you have and any medications you take or treatments you are undergoing.		
Do you have any allergies?		
Do you have a special diet? (e.g vegetarian, diabetic etc)		
What operations have you had and when?		
Do you have any family history of the following? Please state their relation to you.	Diabetes	Heart Attack
	Bowel Cancer	Breast Cancer
	High Blood Pressure	Asthma
	Stroke	Thyroid Disorder
	Other:	

How many units of **alcohol** do you drink per week?			
Height:		Weight:	

Signed:		Dated:	

For Reception Use Only	
Photographic ID seen:	
Address ID seen:	
Receptionist who took the form:	