

Regular Patient Registration form

Key Client Information

Name: *Title/First/Middle/Last:* _____

Date of birth: _____

Gender: female male other

Job title: _____ **Nature of Business:** _____

Home Address: _____

Home City: _____

Home Postcode: _____

2nd Address: _____

2nd City: _____

2nd Postcode: _____

Ethnicity: African European Asian Caribbean Middle Eastern Other: _____

Referred by: Web search Facebook Twitter Friend/Family Other _____

Contact Information

Home Phone: _____ **Work Phone:** _____

Mobile phone: _____ **email:** _____

Consent: **SMS** Confirmations & Reminders **E-mail** Confirmations & Reminders

Next of Kin

Name: *Title/First/Middle/Last:* _____

Relationship: Wife/Husband Partner Brother/Sister Son/Daughter Mother/Father Friend
 Carer Grandparent Other: _____

Home Phone: _____ **Work Phone:** _____

Home Address: _____

Home City: _____

Home Postcode: _____

Allergies Medication/Supplement/Food

_____	_____
_____	_____
_____	_____

Smoking History

Please tick if appropriate

<input type="checkbox"/>	I have never smoked
<input type="checkbox"/>	I currently smoke: _____ cig/oz/d
<input type="checkbox"/>	I stopped _____ y ago and used to smoke: _____ cig/oz/d for _____ years

Alcohol History

Please tick if appropriate

<input type="checkbox"/>	I don't drink alcohol
<input type="checkbox"/>	I drink _____ units/per week
<input type="checkbox"/>	I binge drink
<input type="checkbox"/>	I have been told I should cut down my alcohol intake

Drug History

<input type="checkbox"/>	I currently use recreational drugs
<input type="checkbox"/>	I have used recreational drugs

Medications

Current Medications

Medication	Dose	Frequency	Start (month/year)	Reason for use

<input type="checkbox"/>	I will also bring the last reorder slip of my ongoing medication from my NHS practice.
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Current health problems

_____	_____
_____	_____
_____	_____
_____	_____

NHS GP

Surgery name: _____

GP name: _____

Address: _____

City: _____

Postcode: _____

Consent: Please keep my GP informed – **FEE applies!**

I don't want you to inform my NHS GP

Contract

CountryHealth undertakes to provide to you, as registered patient, private primary medical care. Mutual openness and honesty are vital to the satisfactory care of your health. We will be available in our rooms by appointment during advertised opening hours. Later and weekend appointments may be arranged at our discretion.

You are advised to maintain registration with your NHS general practitioner.

Fees will be charged for services rendered in accordance with the published scale of fees in the Price List, available online and on request. Accounts must be settled before leaving the surgery. Late payment fees apply.

Telephone and e-mail consultations will be charged at the normal rate. Late cancellation and non-attendance of booked appointments will incur fees up to the normal fee for the booked appointment, in accordance with the published scale.

Your **direct debit authority (GoCardless)** will be required to facilitate charging for fees incurred in your absence. An account statement will be sent to you on any such occasion.

I agree to the above terms and conditions:

Date: _____

Signature: _____