



LIBERTON MEDICAL GROUP

NEW REG ADULT

Today's date

Have you been registered at this Practice before:
YES NO

Title

First name

Surname

Address

Date of birth:

Home Tel No:
Mobile No.

Have you been a member of HM Forces
YES NO

Postcode

Nationality
Interpreter Required YES NO
Language Spoken :

How do you wish to be addressed? Name:

Please list any operations or serious illnesses:

Do you have or have you ever had:

Asthma	<input type="checkbox"/>	Date Diagnosed
Diabetes	<input type="checkbox"/>	Date Diagnosed
Chronic Bronchitis	<input type="checkbox"/>	Date Diagnosed
A Stroke of Transient Attack (TIA)	<input type="checkbox"/>	Date Diagnosed
Under active thyroid	<input type="checkbox"/>	Date Diagnosed
Heart Attack or Angina	<input type="checkbox"/>	Date Diagnosed
Epilepsy	<input type="checkbox"/>	Date Diagnosed
High Blood Pressure	<input type="checkbox"/>	Date Diagnosed

Has anyone in your family had any of the following:

Heart Attack Stroke High Blood Pressure Asthma

Are you a Carer: YES NO

Are you taking any medication?

Name	Dose	How Often
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Do you have any allergies?

Diet: Good Poor Exercise: Good Poor

Occupation: Are you a carer: YES/NO

Do you smoke? Yes /ex-smoker / never smoked. How many do / did you smoke a day?

Do you drink? Yes / never How many units of alcohol per week?
(1 unit = 1 glass of wine, 1 pub shot of spirits or 1/2 pint beer)

Immunisations:

When was your last tetanus? Date: Over 10 years ago Don't know

When was your last polio? Date: Over 10 years ago Don't know

Have you ever had a Date: YES NO
Pneumococcal vaccination?

Ladies:

When was your last cervical smear? Date: Over 5 years ago Don't know

Was the smear taken in the UK. Yes No

Was it a normal result? Yes No

Have you ever had a mammogram? (breast x-ray) Yes No

Current contraception used?

Number of pregnancies

Prior to becoming registered you MUST make a New Registration appointment with the Nurse prior to seeing a GP

To be completed by the Doctor/Practice Nurse

Height BMI

Weight

Blood Pressure /

Urinalysis

Action

Data in Vision

Referred to GP YES NO

Date completed: