# COURT VIEW SUGERY

## New Patient Registration Form

If you have children UNDER **5** years old, please ask for a separate registration form for them. Thank you.

**Title** Mr, Mrs, Miss, Ms, Other ___________ **Surname** ________________

**Forename** ______________________________ **Date of Birth** ________________

**Address** ____________________________________________________________

**Tel No** ______________________________ **Postcode** ________________

### Ethnic Origin – Please Tick

| | | | |
|---|---|---|---|
| White British | | Pakistani | |
| White Irish | | Bangladeshi | |
| Other white ethnic group | | Other Asian ethnic group | |
| Black Caribbean & white | | Black Caribbean | |
| Black African & white | | Black African | |
| Other ethnic, Asian/white origin | | Black, other, non-mixed origin | |
| Other ethnic, mixed origin | | Chinese | |
| Indian | | Other ethnic group | |
| Ethnic group not recorded | | Ethnic group patient refused | |

### Medical History

| Do you, or have you, suffered from any of the following? | | | |
|---|---|---|---|
| Heart disease | | Thyroid problems | |
| Lung disease (e.g. asthma, COPD) | | Diabetes | |
| Surgical operations, please specify | | Allergies, please specify | |

### Medications

| Please list any medications that you take |
|---|
| |

### Family History

| Do any of the following illnesses run in your immediate family? Please specify which relative. | | |
|---|---|---|
| Asthma | | |
| Diabetes | | |
| Heart disease under the age of 60 years | | |
| Stroke under the age of 60 years | | |

### Other

| | | | |
|---|---|---|---|
| Do you smoke? If so, what do you smoke and how much? If you have given up, when was this? | | | |
| How much alcohol do you drink a week? | | | |
| Height | | Weight | |



Office Use: EMIS Number ___________________