Temple House Practice Registration Form

Please complete the questions and tick the appropriate boxes below. This will allow us to plan our services better, in order to meet the needs of all our patients.

Do you have special communication needs ? Yes ☐ No ☐
If yes Sign language ☐ Large print ☐ Other ☐ _____

Your details:
Name: _____
Work Telephone _____
Mobile _____

Next of Kin/Emergency Contact
Next of kin's name: Address:

Relationship to You Their telephone No:

Consent to discuss your medical record with next of kin Yes ☐ No ☐

Your ethnic Group Please tick one box only

☐ White British ☐ White Irish ☐ Other white ☐ Black Caribbean
☐ Black African ☐ White & Asian ☐ White & Black Caribbean
☐ White & Black African ☐ Other mixed ☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Other Asian ☐ Other Black ☐ Somali ☐ Chinese ☐ Middle Eastern ☐ Other
☐ Not disclosed

Language
My main written language is _____
Occupation/School _____

Online Access (from Aged 18)
Would you like on line access to your medical record for
Booking appointments and ordering prescriptions? Yes ☐ No ☐
Access for test results, immunisation record? Yes ☐ No ☐
If yes to any of these, please complete the application form

Health

Do you live alone? Yes ☐ No ☐

Do you have a carer Yes ☐ No ☐

Do you provide care for someone because of their poor health or disability? Yes ☐ No ☐

Name and address of person you care for/cares for you

_____

_____

Are you happy for us to contact your carer about you? Yes ☐ No ☐

Do you smoke? Yes ☐ Number per day? ☐ Cigarette ☐ Cigars ☐ Pipe ☐
No ☐ I've never smoked ☐ I used to smoke ☐

Date stopped smoking?

If you wish to have support to stop smoking please ask at reception for information on clinics

Alcohol Consumption

Do you drink alcohol? No ☐ Yes ☐ How many units per week? _____

Alcohol Users Disorders Identification Test (Audit) C Questionairre

Questions		Scoring	System			Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

If you score 5 or more please make an appointment with the Dr or nurse

If you do not wish to discuss your drinking please tick here ☐

Patient Signature:

Date:

Staff use only: Passport seen ☐ Driving licence seen ☐ Utility bill ☐ Other ☐

Summary care record – discussed and happy to upload ☐ discussed – not happy to upload ☐

Care data – discussed and happy to upload ☐ discussed – not happy to upload ☐

Informed of named GP Yes ☐ No ☐

Online access Yes ☐ No ☐

Staff signature Date