

Small Heath Medical Practice Registration Form

**Registration Days & Times:
Tuesdays @ 3.45pm or Fridays @ 1.15pm**

All forms **must** be completed and new patients registering must attend, children **under 5 do not** need a new patient check.

If you arrive after the allocated time, we cannot process your registration

Thank you for your interest in joining Small Heath Medical Practice. To help the doctor provide good medical care, please fill in the following details and hand in with your registration documents.

First Name:	Surname:
Middle Name:	
Address:	Landline: Mobile:
Postcode:	
D.O.B:	NHS No:

Have you had any important illnesses or operations? YES/ NO

If so, please state: _____



Are you attending the hospital at the moment? YES/NO

If so, Why? _____



Are you taking any of the following? If so please name them below:

Tablets: _____

Creams: _____ Inhalers: _____



Do you smoke? YES/NO

If so, how many:



Do you drink? YES/NO

If so, how much:

Are there any illnesses that run in your family? e.g. diabetes, blood pressure

Do you have any allergies: YES/NO please state: _____

If you have selected YES, please ask reception for an additional form to complete.

Ethnic Origin & Nationality

Please circle the most relevant to you.

A) White: English Scottish Welsh Irish Other: _____

B) Asian: Indian Pakistani Bengali Chinese Other: _____

C) Black: Caribbean African Other: _____

D) Mixed: _____ Other: _____

WOMEN ONLY

Details of Pregnancies:



Date: _____

Outcome: _____

Date: _____

Outcome: _____

Date: _____

Outcome: _____

Method of Contraception used:

Date of last smear:

Have you had a Hysterectomy: YES/NO if yes, when: _____



CHILDREN ONLY



Has your child had any of the following injections? If so please state the dates below:

If you are not sure, Please bring your Childs RED BOOK with you when you come to register.

If you have come from abroad, please bring any immunisation documents that you may have.

Age	Vaccination	Date Given
2 Months	1 st Diphtheria, Tetanus, Whooping Cough. Polio, HIB	
3 Months	2 nd Diphtheria, Tetanus, Whooping Cough. Polio, HIB	
4 Months	3 rd Diphtheria, Tetanus, Whooping Cough. Polio, HIB	
12 – 18 Months	Measles, Mumps & Rubella (MMR)	
4 – 5 Years	Diphtheria, Tetanus and Polio	



Which School does your child attend: