

Wimbledon Medical Practice

Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

New Patient Registration Form

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

We require one form of photographic ID (i.e a passport) and one proof of address (i.e. utility bill)

Surname:

First Names:

Date of Birth:

Gender (please tick) Male Female

Contact Details:

Home:

Mobile:

E-mail Address:

Next of Kin

Next of Kin's name:

Next of Kin's relationship to you:

Next of Kin's telephone number:

Ethnic Origin:

White British

Indian/British Indian

Chinese

White Irish

Pakistani/British Pakistani

Other Ethnic Group

Other White Background

Bangladeshi/British Bangladeshi

Not Stated

White and Black Caribbean

Other Asian Background

Do not wish to disclose

White and Black African

Black Caribbean

White and Asian

Black African

Other Mixed Background

Other Black Background

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Language – Your main or 1st Language:

- English Bengali Chinese
Polish Gujarati Portuguese
Punjabi Arabic Other (Please specify.....)
Urdu French

About your family:

Does any member of your family have any of the following conditions?

Condition	Relationship	Age at Diagnosis
Heart Disease		
Stroke/CVA		
Diabetes		
Asthma		
Hypertension (High Blood Pressure)		
Cancer		
Epilepsy		
Rheumatoid Arthritis		

Your Health:

Do you have any significant health conditions?:

Current Height: Current Weight:

Are you allergic to any medication? Yes No

If yes, please specify:

Do you have any other known allergies? Yes No

If yes, please specify:

Do you smoke? Never smoked Ex-Smoker - Date when stopped

Current Smoker – How much do you smoke?

If you drink, how many units do you drink each week?

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Carers:

Are you a carer? Yes No

Do you have a carer? Yes No

If yes, please give the name of your carer and their contact details:

Accessible Information Standard

The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

Do you have any information or communication needs? Yes No

If yes, please ask Reception for an accessible information standard sheet to complete. This will then be updated in your records.

Patient Participation Group

The purpose of a PPG is to help the practice deliver the best possible service and by providing a valuable means of communication between the practice and its patients. By expressing your interest, we can keep you informed of opportunities to give your views and up to date developments within the practice. If you are interested in getting involved, please tick the box below and we will arrange for a member of our staff to contact you.

Yes, I am interested in becoming involved in the Patient Participation Group

Consent for Text Messages:

In accordance with GDPR (General Data Protection Regulation), we require consent to send text messages to any patients.

I give consent to receive text messages from Wimbledon Medical Practice

I do not give consent to receive text messages from Wimbledon Medical Practice

Signature

Date

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Online Services:

We have an online booking facility for routine GP appointments and repeat prescription requests. Please speak to reception for more information.