

Irwin Practice

NEW PATIENT REGISTRATION FORM

Doctor: _____

Date of Reg: _____

Patient Details:

Mr/Mrs/Miss/Dr First Name: _____ Surname: _____

D.O.B _____ / _____ / _____ Marital Status: _____ No of Children: _____

Address: _____ Postcode: _____

Tel No: Home: _____ Mobile: _____

Permission for Text Message or Email Notification Yes/No

Email: _____ Occupation/Training: _____

Are you an Asylum Seeker/Refugee: Yes / No

Do you need an Interpreter? Yes / No

Ethnic Origin: (Please Circle)

British	Irish	Irish Traveller
Other White background	White & Black African	Other Asian Background
Caribbean	African	Indian or British Indian
Pakistani or British Pakistani	Bangladeshi or British Bandladeshi	
Chinese	Other – please specify _____	

Country of Birth: _____

Health Promotion:

Smoking Status: Smoker Daily Amount: _____
Non-Smoker
Ex Smoker

Alcohol: Amount per week _____ units

Please answer the following questions:

1. Have you any allergies or adverse reactions? Yes / No. If yes please state _____
2. Are you Carer for a relative or a friend? If Yes, for whom? _____
3. Who is your next of kin? Name: _____ Contact No: _____
Relationship: _____

FEMALES ONLY: Date of last smear: _____ Where taken: _____
What was the result? Normal / Abnormal

Health Questionnaire

Do you have any of the following **long-term conditions**? Tick all that apply

Cancer		Asthma/COPD	
Diabetes		Kidney Problems	
Epilepsy		Thyroid Disease	
Learning Disability		Heart Disease	
High Blood Pressure		Substance Misuse	
Psychiatric problems		Dementia	

Do you suffer from any **other** medical condition that your GP would need to know about?

Are there any medical conditions in your family history that you think your GP should know about?

Do you take any medications that require blood testing? Eg: **WARFARIN, LITHIUM, METHOTREXATE?**

Do you take any regular repeat medication that your GP should know about? **Please provide a print out of your medication from your previous GP.**

*****Name and Address of previous GP:** _____

Please note the Practice Policy is not to prescribe the following drugs unless you provide evidence from your previous GP – this is in the interests of the prescribing safety:

Benzodiazepines: Diazepam, Temazepam, Nitrazepam, Lorazepam and Chlordiazepoxide
Morphine Derivatives: Dihydrocodeine, Fentanyl, Buprenorphine Patches, Codeine Phosphate
Z-Drugs: Zopiclone and Zolpidem

These drugs can be dangerous in Long-Term use and will review their medications and reduce/stop them if clinically appropriate.

Please note: the practice does not prescribe Methadone, Diamorphine, Temgesic or Oral Buprenorphine

It is Practice Policy not to replace lost or stolen scripts for the above drugs.

I have read & fully understood the Practice Policy on these drugs and I agree to comply or face removal from the Practice List.

I consent to the practice accessing the NI Electronic Care Record to establish my Health & Care Number and clarify my medications.

Name: _____

Signature: _____

Date: _____