FURNACE HOUSE SURGERY - CONFIDENTIAL

Welcome to Furnace House Surgery

Please till in (or tick when appropriate) ALL the details as fully as possible

Have you been registered here before?	Yes		No		
Surname		Forename(s)			
Address					
Post Code		Tel No.		Mobile No.	
Date of Birth		Email Address:			
Occupation					
Have you ever been a member of the Armed Forces	Yes		No		Service No.
Veterans are entitled to receive priority treatment where it relates to a condition resulting from their service In the Armed Forces.					
Next of Kin / Tel. No.					
Carer Name / Tel. No.					

Do you suffer from any of the following (please tick):

High Blood Pressure		Heart Disease		Asthma		Diabetes		Stroke		Chronic Bronchitis	
Thyroid Disorder		Epilepsy		Anxiety/Depression		Date of last smear test :					
Bowel Disorder		Please state which:									
Any Other Disorders		Please state which:									
Any Disabilities		Please state which:									
Operations	Which One(s):										

IMPORTANT INFORMATION:

SMOKING	…… Cigarettes per day	Ex- Smoker of … Cigarettes per day & Year Stopped……	Never Smoked		
If you would like to quit smoking please visit the 'Stop Smoking Wales' website or call 'Stop Smoking Wales' freephone on: 0800 0852219					
ALCOHOL	………… Units per week	Only Occasionally		Teetotal	
ALLERGIES – Especially medication					

If you are taking any medication regularly, please make an appointment to see your new Doctor BEFORE your next prescription is due.

Please bring a list of your medication with you.

Date of Registration:

ID & Proof of Address Seen: Yes/No Staff Signature

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

	British
	Irish
	Any other white background please write in below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	White and Asian
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below