

# The Roseland Surgeries

*Welcome to our Practice on the Roseland Peninsula. Our surgeries are at Portscatho, Tregony and St Mawes.*

Under 12's Only - Please complete this questionnaire which helps us with the registration process. It needs to be returned to reception along with the registration form.

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Forenames \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Mobile or alternative 'phone number: \_\_\_\_\_

Your Height in cm \_\_\_\_\_

Your Weight in Kg \_\_\_\_\_

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Name of Next of Kin: \_\_\_\_\_

Address \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

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**Childhood Vaccination History** – We would be grateful if you could bring in a record of your child's immunisation history for example their Red Book.

## **Past Medical History**

Please list any operations you have had, illnesses, chronic or recurrent health problems e.g. asthma.

1. _____	Approx. date of onset _____
2. _____	Approx. date of onset _____
3. _____	Approx. date of onset _____

## **Regular Medication**

Please list your regular medication below and bring your tablets or repeat prescription slip to your new patient check appointment.

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

### Allergies/Drug Intolerance

Please list any allergies and drug intolerances known to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Family History:

Please tick if there is a history of the following in your family:

	Mother	Father	Brothers/Sisters	Children
Heart disease				
Asthma				
Other Lung Disease				
High Blood Pressure				
Glaucoma				
Stroke				
Diabetes				
Cancer				

### Ethnic Origin

To which of the following ethnic groups do you belong? Ethnic group refers to people with the same cultural background and national identity. It does not always mean where you were born.

Please tick one box.

<b>White</b>	British	
	Irish	
	Cornish	
<b>Mixed</b>	White and Black Caribbean	
	White and Black African	
	White and Asian	
<b>Asian or Asian British</b>	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background (please specify)	
<b>Black or Black British</b>	Caribbean	
	African	
<b>Chinese</b>		
<b>Other Ethnic Group</b>	(please specify)	
<b>Declined</b>		

**Thank you for completing this questionnaire**

**Any patients on regular medication need to see a GP before we are able to issue any further prescriptions, so please make an appointment at reception.**