**Kerrsland Surgery**

**New Patient Information**

**Please complete both sides in block letters and in black ink.**

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| --- |
| Preferred title: |
|  |
| Surname: |
|  |
| Previous surname if applicable: |
|  |
| First names: |
|  |
| Preferred first name: |
|  |
| Gender: |
|  |
| Marital status: |
|  |
| Date of Birth: |
|  |
| Address & Postcode: |
|  |
| Mobile Telephone: |
|  |
| Home Telephone: |
|  |
| Work Telephone: |
|  |
| Email address: |
|  |
| Can we contact you by text if necessary?: Yes/No |
|  |
| Previous GP |
|  |
| Next of kin name: |
|  |
| Next of kin contact number: |
|  |

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Please list any significant past medical history with approximate years. Include operations, chronic conditions and major diagnoses:

Please list all regular medications as accurately as possible. Alternatively, you can attach a printout of your medications from your previous GP.

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Please list any medication allergies:

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Other health information:

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| --- |
| How much do you smoke per day |
| Units of alcohol consumed per week |
| Approximate weight |
| Approximate height |
| Approximate date of last smear if applicable |

Is there anything else you think we should be aware of:

|  |
| --- |
|  |