The Mill Medical Practice Registration Form – ADULT

Please complete all sections of this form to enable us to process your registration

Name: …….

Address: ……

Post Code: …… Telephone: …….

Work No: …….. Mobile: …….

If you do not wish to receive appointment reminders via text, please tick here ☐

Have you previously been registered with the NHS? **Yes** ☐ **No** ☐

Have you previously been registered at this Practice? **Yes** ☐ **No** ☐

If so, under what name: …….

About You

Have you ever smoked? Yes ☐ **No** ☐ **Are you a current smoker? Yes** ☐ **No** ☐

Are you an ex-smoker? Yes ☐ **No** ☐ **If so, when did you give up? ……**

How many units of alcohol do you consume per week? ……units
(1 unit = 1 half pint of beer, 1 small glass of wine or 1 single measure of spirit)

Do you have any of the following conditions?

Condition	Yes	No	Details	Family History
Asthma	☐	☐		
Diabetes	☐	☐		
Stroke	☐	☐		
Heart Disease	☐	☐		
Other	☐	**Please specify**		

Do you have any allergies? …….. Yes ☐ No ☐

If so, please give details: ……..

Height……. Weight……..

Are you a carer? …….. Yes ☐ No ☐

If you are, would you like to join the Carers Register? …… Yes ☐ No ☐

ETHNIC MINORITY MONITORING CATEGORIES

The section below is for NHS research purposes only and we would be grateful if you could complete it.

WHAT IS YOUR ETHNIC GROUP?

Choose one section from A to E and tick the appropriate box to indicate your cultural background:

A. White
- ☐ **British**
- ☐ **Irish**
- ☐ **Other (please specify)**

B. Mixed
- ☐ **White & Black Caribbean**
- ☐ **White & Black African**
- ☐ **White & Asian**
- ☐ **Other (please specify)**

C. Asian or Asian British
- ☐ **Indian**
- ☐ **Pakistani**
- ☐ **Bangladeshi**
- ☐ **Other (please specify)**

D. Black & Black British
- ☐ **Caribbean**
- ☐ **African**
- ☐ **Other (please specify)**

E. Chinese or Other Ethnic Group
- ☐ **Chinese**
- ☐ **Other (please specify)**

For office use only:

Id & Proof of Address provided (please detail) _____

_____

Checked by (initials) _____ Date _____