Registration at Cloister Road Surgery
Adults and Young People over 16

41-43 Cloister Road, London W3 0DF Tel: 020 8992 4331

Welcome to Cloister Road Surgery. You can check to see if you live within our practice area boundary on our website www.cloisterroadsurgery.co.uk. You can also download registration/health forms online. Please complete all registration sections and as much of the health information form as you can, returning the form to reception. This will help us to give you the best possible care. Medical treatment is available from the date of registration.

We contact patients by text and email. If you would prefer not to be contacted in this way, please tick here ☐

If you are over 40 and would like a New Patient Check, please contact reception.

Mr/Mrs/Miss/Ms/Dr		Family/surname	
Male/Female		First name	
Date of birth DD/MM/YYYY		Previous family/ maiden name	
NHS number			
Telephone number		Mobile (if diff.)	
email address			
Next of kin and relationship		Contact number of next of kin	

Do you have a carer? (Please tick)	No ☐	Yes ☐	If yes, please give carer's name: Carer's tel no:	Are you a carer? (Please tick)	No ☐	Yes ☐

Country of birth		Town of birth	
Current address	(Students - please give your term time address and include your room number)	Postcode	

Please help us to trace your previous medical records by providing the following information:

Previous/home address in the UK		Postcode
Name and address of doctor while living at previous address		Postcode

If you are from abroad:

Date you first came to the UK (DD/MM/YYYY)		First UK address where registered with a doctor		Postcode

Ethnicity and language (please tick):

White	Asian or British Asian	Mixed Race	Black or Black British	Chinese or other ethnic group
☐ British ☐ Irish ☐ Other White (please state):	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian (please state):	☐ White & Caribbean ☐ White & African ☐ White & Asian ☐ Other Mixed (please state):	☐ Caribbean ☐ African ☐ Other Black (please state):	☐ Chinese ☐ Other Ethnicity (please state):

☐ I do not wish to answer this question Main language you speak at home:

Do you need an interpreter to come with you to see the doctor? ☐ Yes ☐ No

Health Information

Height (m/cm)		Weight (kg)	
Do you have any allergies?			
Please list any health problems, illnesses or operations (past or present) with dates, if known			Date
Please tell us about any medications you are taking			
Have you had any vaccinations in the last 10 years? Please list			
Women over 25: have you had a cervical smear?		Result/date for recall	

Family history (Y/N):		**Relative (please indicate):**
Heart disease		
Stroke		
Hypertension		
Diabetes		
Asthma		
Cancer		
Other		

Smoking:			
Do you smoke? Y/N		Have you ever smoked? Y/N	
If 'yes', how many cigarettes do you smoke per day?		If 'yes', how many cigarettes did you smoke per day?	
If you used to smoke, but have stopped, when did you give up?			

Alcohol: (please ring) (NB 1 pint of beer/lager = 2 units, Alcopop/can of lager = 1.5 units, glass of wine = 2 units, bottle of wine = 9 units, single measure of spirits= 1 unit)

How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had: 6 or more units (if female), or 8 or more(if male), on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you:	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
-found that you were not able to stop drinking once you had started?					
-failed to do what was normally expected from you because of your drinking?					
-needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?					
-had a feeling of guilt or remorse after drinking?					
-been unable to remember what happened the night before because you had been drinking?					

Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	