RAVENSWORTH SURGERY
Horsley Hill Road
South Shields, NE33 3ET
Tel: 0191 455 2093
Fax: 0191 427 6159
info@ravensworthsurgery.co.uk

THE MEDICAL CENTRE
Wear Street
Jarrow, NE32 3JN
Tel: 0191 428 0606
Fax: 0191 428 1516
info@jarrowmedicalcentre.co.uk

APPLICATION TO REGISTER

PATIENT INFO

Title	*Forename*	*Surname*	
Date of Birth	*NHS Number*	*Marital Status*	*Sex*
		☐ Single ☐ Mar ☐ Div ☐ Sep ☐ Wid	☐ M ☐ F
Home Name / Number & Street		*Town / City*	
County		*Postcode*	
Home Telephone Number		*Mobile Telephone Number*	
Occupation		*Are you a carer for anyone?*	
		☐ YES ☐ NO	

Ethnic Origin

☐ White British ☐ Black or Black British ☐ Asian or Asian British ☐ Chinese ☐ Mixed ☐ Other ……

NEXT OF KIN INFO (Emergency Contact)

Title	*Forename*	*Surname*	
Date of Birth	*NHS Number*	*Marital Status*	*Sex*
		☐ Single ☐ Mar ☐ Div ☐ Sep ☐ Wid	☐ M ☐ F
Home Name / Number & Street		*Town / City*	
County		*Postcode*	
Home Telephone Number		*Mobile Telephone Number*	
Occupation			

Relationship to Patient

☐ Spouse / Partner ☐ Mother / Father ☐ Brother / Sister ☐ Son / Daughter ☐ Uncle / Aunt ☐ Other ……

CARER INFO

Do you have a carer (anyone who looks after you during illness, this could be husband or wife, relative or friend) ?

☐ YES ☐ NO

Title	*Forename*	*Surname*	
Date of Birth	*NHS Number*	*Marital Status*	*Sex*
		☐ Single ☐ Mar ☐ Div ☐ Sep ☐ Wid	☐ M ☐ F
Home Name / Number & Street		*Town / City*	
County		*Postcode*	
Home Telephone Number		*Mobile Telephone Number*	

FAMILY HISTORY

Is there a history of any of the following? 🡻

Diabetes	☐ YES	☐ NO
Coronary Heart Disease	☐ YES	☐ NO
Chronic Obstructive Airways Disease:	☐ YES	☐ NO
Asthma:	☐ YES	☐ NO
Hypertension:	☐ YES	☐ NO
Osteoporosis:	☐ YES	☐ NO

CURRENT MEDICATION

Please list any medication you are currently taking, including over the counter medicines, HRT or contraceptives. 🡻

HEALTH PROMOTION AND PREVENTITIVE CARE

***Children**: Are you upto date with childhood immunisations?* ➔	☐ YES	☐ NO

***Adults**:*
Please list any holiday or occupational health vaccinations: ➔

***Females**:*

Aged between 25 and 65, are you up to date with smears? 🡻	*When was your last smear?* 🡻
☐ YES ☐ NO	
Are you currently pregnant? 🡻	*Where was your last smear taken?* 🡻
☐ YES ☐ NO	

Date of ECD 🡻

If you are using contraceptives please specify 🡻

DECLARATION

Please note this practice focuses on health education and preventative care and therefore encourages patients to take responsibility for their own healthcare by being up to date with childhood immunisations and cervical smears.

I accept responsibility for my own healthcare working in partnership with the practice.

Signed:	**Date:**

OFFICE USE ONLY

☐ **ACCEPTED**	☐ **REJECTED**