



LIBERTON MEDICAL GROUP

NEW REG ADULT

Today's date

Have you been registered at this Practice before:
YES NO

Title

First name

Surname

Marital Status

Date of birth:

Address

Home Tel No:
Mobile No.

Postcode

Have you been a member of HM Forces
YES NO

Next of Kin Relationship
Contact No

Nationality
Interpreter Required YES NO
Language Spoken :

How do you wish to be addressed? Name:

Do you have an HGV/Bus/Coach or Taxi Licence? YES NO

Please list any operations or serious illnesses:

Do you have or have you ever had:

Asthma	Date Diagnosed
Diabetes	Date Diagnosed
Chronic Bronchitis	Date Diagnosed
A Stroke of Transient Attack (TIA)	Date Diagnosed
Under active thyroid	Date Diagnosed
Heart Attack or Angina	Date Diagnosed
Epilepsy	Date Diagnosed
High Blood Pressure	Date Diagnosed
Weight	Height

**We offer all new patients a blood pressure check with the Practice Nurse.
Please contact the Surgery if you wish to make an appointment for this.**

Ladies:

When was your last cervical smear? Date:	Over 5 years ago	Don't know
Was the smear taken in the UK.	Yes	No
Was it a normal result?	Yes	No

Have you ever had a mammogram? (breast x-ray) Yes No

Current contraception used?

Number of pregnancies

Future developments within the NHS may make it possible for us to contact you via text messaging and email for services such as appointment reminders and annual disease management recall. In preparation for this change we would like to obtain your consent to contact you in this way and record your current contact details. It is also important that the information we hold is kept up to date. Please keep us informed of any changes to your contact details. Please tick box to indicate consent and complete your details in the boxes below. **PLEASE TICK EACH INDIVIDUAL BOX TO INDICATE YOUR CONSENT AND RETURN THE COMPLETED FORM TO RECEPTION STAFF.**

		Consent to contact by:
Mobile Number:		
Landline:		
Personal email:		
I am a current smoker How many do you smoke? I am an ex smoker How many did you smoke? I have never smoked	If you are a smoker and want to quit please call the local Stop Smoking Support Service on 0131 672 9532 or call SMOKEFREE on 0800 84 84 84 or visit http://smokefree.nhs.uk or your local pharmacy. Trained NHS advisors can provide friendly help and encouragement.	