**Balmoral Surgery**

**New Patient Pack**

Please ensure that you email this form, together with the purple GMS1 form.

Further information about the practice can be found on our website;

[www.balmoralsurgery.co.uk](http://www.balmoralsurgery.co.uk)

Once we have received your registration, you will be informed who your allocated GP will be.

**Title: Forename: Surname:**

**Previous Name (If applicable):**

**DOB: NHS Number:**

**Ethnicity:**

**Telephone Numbers**

**Home: Mobile:**

Balmoral Surgery uses a text message service to remind patients about booked appointments and to send health promotion messages. Please let us know if you do not wish to receive these messages.

**Next of kin (and their relationship to you):**

**Previous Doctor:**

Address of Previous Doctor:

**If known,**

Height:

Weight:

Waist Measurement

**Do you have any personal specific information or communication needs?**

If so, please make us aware so that we can communicate with you in an appropriate way.

**Are you a carer for a friend of family member?**

**Have you ever served in the British Armed Forces?**

**Smoking Status**

Are you a current smoker (if yes, please state how many you smoke a day)?

Have you ever smoked?

If you are an ex-smoker, when did you last smoke?

**Alcohol**

How often do you have a drink that contains alcohol?

How many standard alcoholic drinks do you have on a typical day when you are drinking?

How often do you have six or more standard drinks on one occasion?

**Are you under the care of a Hospital Specialist?**

If yes, please give brief details: -

**For women only**

When did you last a cervical smear?

Are you fitted with a coil?

**Are you taking any regular medication?**

If yes, please give details;

**Please nominate your preferred pharmacy for Electronic Transfer of your prescription;**

**Are there any medicines or drugs that upset you in any way?**

If yes,

Name of medicine:

What was the problem or upset?

Any other allergies?

**Health History**

Please list any serious illnesses, accident, operations, and disabilities;

Women: Please include problems in pregnancy or at delivery;

**Family History**

Please list any significant family health history;