

Patient Registration

Please Circle: **Have you attended this clinic before?** **Yes / No**
 Have you brought a referral letter? **Yes / No**

| | | | |
|-----------------------|------------------------------|------------------------------|-----------------|
| Sex: | Male / Female | Marital Civil Status: | <hr/> |
| Title: | Mr / Mrs / Ms / Miss / Other | Country of Birth: | <hr/> |
| Forename: | <hr/> | Ethnic Group: | <hr/> |
| Surname: | <hr/> | Occupation: | <hr/> |
| Date of Birth: | <hr/> | School/College: | <hr/> |
| Address: | <hr/> | Overseas Visitor: | Yes / No |
| | <hr/> | NHS No: | <hr/> |
| | <hr/> | Nationality: | <hr/> |
| | <hr/> | Religion: | <hr/> |
| Postcode: | <hr/> | GP Name: | <hr/> |
| Home Tel No: | <hr/> | Practice Name: | <hr/> |
| Mobile No: | <hr/> | Address: | <hr/> |

Please tick your preferred method of contact (more than one may be ticked)

| | |
|---|--|
| <input type="checkbox"/> Contact by mobile only | <input type="checkbox"/> Request No Contact at all |
| <input type="checkbox"/> Do Not write to patient | <input type="checkbox"/> Do Not write to GP |
| <input type="checkbox"/> Do not use Landline | <input type="checkbox"/> Do Not use Mobile |
| <input type="checkbox"/> Do not send Text Message | <input type="checkbox"/> Letter only |
| <input type="checkbox"/> Not Known | |

Referred By:

| | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> GP Advice | <input type="checkbox"/> GP Letter |
| <input type="checkbox"/> Health Advisor | <input type="checkbox"/> Contact Slip | <input type="checkbox"/> Contraception Clinic |
| <input type="checkbox"/> Chlamydia Screening | <input type="checkbox"/> Other | |

If other please state

Is your partner attending this clinic

Yes No

Name of Partner:

| | | | | | |
|-------------------------------------|-----|----|--|-----|----|
| Do you have a long term disability? | Yes | No | Do you have a current problem or symptoms? | Yes | No |
| Was this your preferred clinic? | Yes | No | Have you consulted your GP with this? | Yes | No |

When did you first try to access this clinic?

| | |
|---|--|
| <input type="checkbox"/> Less than 2 working days | <input type="checkbox"/> Over 2 working days |
| <input type="checkbox"/> Over 1 week | <input type="checkbox"/> Over 2 weeks |

How would you like to be called from the waiting room?

Forename Surname Number

Female patients examined by a male doctor will have a chaperone
 If you are examined by a female practitioner do you require a chaperone? Yes / No
 Trainee Practitioners may be in attendance during your consultation. Please mention to a practitioner if you decline this.