NHS **Family doctor services registration** **GMS1u**

Patient's Details

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Last name/Family name

NHS No | | | | | | | | | | |

First names

☐ Male ☐ Female Previous Last name

DATE OF BIRTH

DD / MM / YY

PLACE OF BIRTH
Town

Country

Address in London

Postcode

☎ Home ☎ Mobile ☎ Work

If you have recently entered the UK
Date you came to live in the UK

IF previously ***resident*** in UK
Date of leaving

Your address **IF** registered with a GP at that time

Postcode

If you have previously been registered as an NHS patient with a family doctor in the UK
Name of previous doctor

Your address while registered with this doctor

Address of previous doctor

Postcode Postcode

College Details
Name of College

Are you a student? ☐
Are you a member of staff? ☐

Name of Course

Course End Date DD / MM / YY

Signature of Patient ☐
Signature on behalf of patient ☐

Date
DD / MM / YY

Gower Street Practice will send this half to the Health Authority

GOWER STREET PRACTICE - Health Check Form

Today's Date: .....

Information is strictly confidential

Title: Mr Mrs Ms Dr ..... Male/Female Date of Birth: ..... (DD / MM / YY) Age: .....

Surname/family name: ..... First Names: .....

Do you have any significant medical problems either now or in the past?	Do you take any medicines? Please list
Do you have any allergies?	Do you have a family history of significant illness? e.g. Diabetes, Heart Disease, Cancer etc.

ETHNIC MONITORING Please indicate your ethnicity by ticking the relevant box below:

White
☐ British
☐ Irish
☐ Other White background

Black or Black British
☐ African
☐ Caribbean
☐ Other Black background

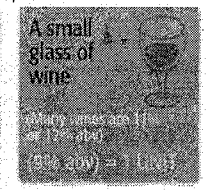
Asian or British Asian
☐ Bangladeshi
☐ White & Asian
☐ Indian
☐ Pakistani
☐ Other Asian background

Mixed
☐ White & Black African
☐ White & Black Caribbean
☐ Other mixed background

Other
☐ Chinese
☐ Declined to state
☐ Any Other (please specify): .....

SMOKING
Do you smoke? Yes/No If so how much?
Have you previously been a smoker? Yes/No When did you give up?

ALCOHOL Please tick one box for each question:



How often do you have a drink containing alcohol?

Never (0)	Monthly or less (1)	2 - 4 times a month (2)	2 - 3 times a week (3)	4 or more times a week (4)

How many units of alcohol do you have on a typical day when you are drinking?

1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)

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

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)

CERVICAL SMEARS (women only) **If yes, when**

Have you had a cervical smear (pap test)? Yes ☐ No ☐ .....
Was the result normal? Yes ☐ No ☐ .....
Have you ever had an abnormal smear? Yes ☐ No ☐ .....
Was it done at your GP surgery in the UK? Yes ☐ No ☐ .....
If No, where was it carried out?

ADDITIONAL DETAILS: Height ..... cm Weight ..... kg

Are you a carer? Yes/No Do you have a carer? Yes/No