

The Roseland Surgeries

Welcome to our Practice on the Roseland Peninsula. Our surgeries are at Portscatho, Tregony and St Mawes.

Under 12's Only - Please complete this questionnaire which helps us with the registration process. It needs to be returned to reception along with the registration form.

Full Name: _____ Date of Birth: ___/___/_____

Address: _____

Home Telephone No: _____

Mobile or Alternative Phone No: _____

Previous Address: _____

Name/Address of previous GP: _____

If you are from abroad:

Your first UK address where registered with GP: _____

Date you first came to live in the UK: ___/___/_____

Your Height in cm _____

Your Weight in Kg _____

Name of Parent/Guardian: _____

Address: _____

Contact Telephone Numbers: _____

Childhood Vaccination History – We would be grateful if you could bring in a record of your child's immunisation history for example their Red Book.

Past Medical History

Please list any operations you have had, illnesses, chronic or recurrent health problems e.g. asthma.

1. _____ Approx. date of onset: _____
2. _____ Approx. date of onset: _____

Regular Medication

Please list your regular medication below and bring your tablets or repeat prescription slip to your new patient check appointment. Your child will need to be seen if you require medication from us the first time.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Allergies/Drug Intolerance

Please list any allergies and drug intolerances known to you.

1. _____
2. _____
3. _____
4. _____

Family History:

Please tick if there is a history of the following in your family:

	Mother	Father	Brothers/Sisters	Children
Heart disease				
Asthma				
Other Lung Disease				
High Blood Pressure				
Glaucoma				
Stroke				
Diabetes				
Cancer				

Ethnic Origin

To which of the following ethnic groups do you belong? Ethnic group refers to people with the same cultural background and national identity. It does not always mean where you were born.

Please tick one box:

White	British	
	Irish	
	Cornish	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background (please specify)	
Black or Black British	Caribbean	
	African	
Chinese		
Other Ethnic Group	(please specify)	
Declined		

Thank you for completing this questionnaire. Any patients on regular medication need to see a GP before we are able to issue any further prescriptions, so please make an appointment at reception.