

# Cobridge Surgery

## Permanent Registration Form

(If you are only visiting and require temporary registration, please inform Reception – DO NOT complete this form)

<b>WHAT YOU WILL NEED</b>		
Your NHS Number	PASSPORT (if not born in UK)	Red Book or list of immunisations (children <6)
List of repeat Medication(s)	Proof of ID (e.g. utility bill)	

Title	Mr / Mrs / Miss / Other	Forename	
Gender	Male / Female	Surname	
Date of Birth		Previous Surname	
Address			
Postcode			
Telephone Number(s)			
Are you a carer? If so, please give details			

NHS Number – Contact your previous GP if you do not know	
Name & Address of Previous GP	
Previous Address in the UK	

Place of Birth		Main Language Spoken	
Date entered UK		Do you require an interpreter?	YES / NO
Ethnicity			

Are you a carer?	Yes	No
If "Yes", who for?		

Do you have a hearing /sight or other communication issue ? If so, please give details:	
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Height		Weight	
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Smoker?	Yes	No	Ex
If "Yes"	How Many		
	How Long		
If "Ex"	When stopped?		
	How long smoked for?		

Alcohol	Yes	No
If "Yes"	What?	
	How Much?	
	How Often?	

<p>Do you suffer from any chronic diseases or have ongoing health issues (Diabetes, Asthma, BP, Heart Disease etc)</p>	
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Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer, etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers, etc.)	
e	My work involves vigorous physical activity including of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

During the *last week*, how many hours did you spend on each of the following activities? *Please answer whether you are in employment or not*

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)		Steady average pace	
Brisk pace		Fast pace (i.e. over 4mph)	

Practice Use Only

Date Form Given to Patient / By Whom			
Staff member giving NPM			
Staff member registering			
Child < 6 Imms details entered?	YES / NO	Whom	

**WE OPERATE A ZERO TOLERANCE POLICY**

AGGRESSION AND ABUSE OF ANY KIND WILL NOT BE TOLERATED  
AND MAY RESULT IN REMOVAL FROM THE LIST IN ADDITION TO POLICE INVOLVEMENT