

**Heaton Road Surgery  
17-19 Heaton Road  
Newcastle upon Tyne, NE6 1SA  
Telephone: (0191) 265 5911**

### **New Patient Registration Information**

Thank you for registering with us at Heaton Road Surgery. To make your transition of moving GP practice an efficient and smooth process we would like you to provide us with the following information when registering:

**NHS Number** this will significantly improve the care and safety of patients as it is used and requested on all correspondence. This number can be obtained from your previous GP or Medical Card if you have one.

**Postcodes** from your previous GP address and your address as this will enable us to locate your details from your previous GP more swiftly.

**Heaton Road Surgery**

**New Patient Form - Under 16 Years of Age**

Please complete all questions below in order for us to proceed with your registration.

Name:

D.O.B:

NHS Number:

Address:

Postcode:

Height:

Weight:

School/Nursery:

Parent/Guardian:

Telephone number:

Mobile number:

Consent to text messaging

Yes ☐

No ☐

Next of Kin Name:

Relationship:

1. How much do you exercise?

Unable	None	Light	Moderate	Heavy

2. Are you classified as a carer for a member of your family? Yes / No

Who do you care for?

What is their relationship with you?

3. Please state any allergies

4. If you are on repeat medication you may need to make an appointment to see a GP. Please forward a copy of your repeat medication slip. If more convenient you can ask your previous surgery to email this information to us. Our email address is [NGCCG.HeatonRoadSurgery@nhs.net](mailto:NGCCG.HeatonRoadSurgery@nhs.net) (hand written lists will not be accepted).

**Please ensure you have at least 4 weeks supply of medication from your previous GP**

- 5. Please could you advise us of any disabilities you may have as we may be able to give you support with this.**

**Ethnic Classification, Religion and First Language**

**1. To which of the following ethnic groups do you belong?**

**Choose ONE section from A to E then tick the appropriate section to indicate your cultural background**

A. White	<input type="checkbox"/> British	Any other white background Please specify below
	<input type="checkbox"/> Irish	_____
B. Mixed	<input type="checkbox"/> White & Black African	Any other Mixed background Please specify below
	<input type="checkbox"/> White & Asian	_____
C. Asian or Indian	<input type="checkbox"/> Indian	Any other Asian background Please specify below
Asian British	<input type="checkbox"/> Pakistan	_____
	<input type="checkbox"/> Bangladeshi	
D. Black or Black British	<input type="checkbox"/> Caribbean	Any other Black background Please specify below
	<input type="checkbox"/> African	_____
	<input type="checkbox"/> White and Black Caribbean	
E. Chinese	<input type="checkbox"/> Chinese	Any other Please specify
	Other ethnic group	below
		_____

**2. Religion** **Please specify** \_\_\_\_\_

**3. First Language** **Please specify** \_\_\_\_\_

**THIS INFORMATION WILL BE HELD IN CONFIDENCE**