



ASCOT MEDICAL CENTRE

Ascot Medical Centre
Heatherwood Hospital

Brook House
Brook Avenue
Ascot Berkshire

SL5 7GB

Telephone: 01344 874011

<https://ascotmedicalcentre.nhs.uk/>

Date:

Dear Patient

Thank you for choosing to register with our doctor's surgery. In order to complete the registration process we ask that you fill in the **compulsory** information on the relevant forms.

These are: -

- **Full, correct name and current address**
- **Contact number** including mobile telephone number and email address
- **Ethnic Origin**
- **First Spoken Language**
- **All childhood immunisations for each of your children under 19 years**
- **For children under the age of 18 we ask that you provide their original birth certificate** (copies will not be accepted) For all patients 18 and over we require **one of the following** from each list.

Documentation required

- **Immunisation records for each of your children under 19 years (practice will take a photocopy)**

To confirm identity:

- Passport / ID photo card

Documents to confirm residency (Parental):

- Housing contract
- Utility bills (not mobile phone)
- Bank Statements

Yours faithfully

Management Team

(Dr E Williams, GP Partner, Jo Taylor, Practice Manager, Tina Bird, Practice Nurse Lead, Kim Hyde, Reception Team Lead, Ann Higgins, Reception Team Lead)



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NEW PATIENT QUESTIONNAIRE

CHILDREN 0-15 YEARS

**Please bring with you the Red Book when registering your child
under 5- HEALTH VISITOR 01753 636523/4
CLINIC Tuesdays 1.30-3.00
All Souls Church Hall, Church Road Ascot SL5 9DP**

SURNAME SEX Male/Female

FORENAMES DATE OF BIRTH

MOTHERS NAME FATHERS NAME

ADDRESS..... POST CODE

ADDRESS..... TEL NO

EMAIL:

HEALTH HISTORY

Please list (with dates) any serious illnesses, operations, accidents or chronic conditions

1..... 2.....

ALLERGIES

If there are any known allergies to medicines, tablets or anything else please give details

DRUGS AND MEDICINES

Are there any regular/occasional medicines or tables taken YES/NO

If yes please give details

1..... 2.....

IF YOU ARE CURRENTLY BEING PRESCRIBED ANY MEDICATION, PLEASE MAKE AN APPOINTMENT WITH THE GP WITHIN THE NEXT 2 WEEKS (OR AS SOON AS AVAILABILITY ALLOWS).



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IMMUNISATION HISTORY – Immunisations Programmes outside of UK may have different schedules and the Practice needs to have a photocopy provided for any children under the age of 18.

TYPE OF VACCINE	DATES
1st DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
MEN B	Meningococcal B
Rotavirus	
PCV	Pneumococcal
2nd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
Rotavirus	
3rd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib
Hepatitis B	
Men B	Meningococcal B
PCV	Pneumococcal
Hib / Men C	
1st MMR	Measles, Mumps, Rubella
PCV	Pneumococcal booster
MEN B	Meningococcal B
2nd MMR	Measles, Mumps, Rubella
4th/Pre School Booster DTaP/IPV	Diphtheria, tetanus, pertussis, polio

PLEASE GIVE DETAILS BELOW OF ANY OTHER VACCINATIONS THAT HAVE BEEN GIVEN, IE., FOR A HOLIDAY:

..... DATE:

..... DATE:

..... DATE:

..... DATE:

..... DATE:

..... DATE:



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FAMILY HISTORY

If there is a family history of illnesses, please state which member of your family, what age and what type of particular problem

Is there any family history of heart disease

Relationship
Age
Illness

Is there any family history of stroke

Relationship
Age
Illness

Is there any family history of Asthma

Relationship
Age
Illness

Is there any family history of diabetes

Relationship
Age
Illness

Please give the following details:

	Age	State of Health	If deceased Age at death	Cause
Father				
Mother				
Brothers				
Sisters				



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OVER SEAS VISITORS

If you are in the UK for a limited time it is very important to let us know before you leave.

Please indicate expected time of stay

Please bring into the Surgery a copy of all vaccination records.

Ethnicity

We are required under the New GP Contract to ask patient to give the following details.

Please tick which box applies: -

ETHNIC CLASSIFICATION	INCLUDES
White	British..... (9i0) Irish..... (9i1) Any other white background..... (9i2)
Mixed	White and black Caribbean..... (9i3) White and black African..... (9i4) White and Asian..... (9i5) Any other mixed background..... (9i6)
Asian or Asian British	Indian..... (9i7) Pakistani..... (9i8) Bangladeshi..... (9i9) Any other Asian background..... (9iA)
Black or Black British	Caribbean..... (9iB) African..... (9iC) Any other black background..... (9iD)
Other Ethnic Groups	Chinese..... (9iE) Any other ethnic group.....(9iF)
Patient Refusal	Do not wish to give details..... (9SD)
NOT STATED	Not stated..... (9iG)
Please state FIRST language

