



The Rushey Green  
Group Practice

The Primary Care Centre, Hawstead Road, London SE6 4JH

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DR JUDY CHEN MRS GILL SULTAN DR ALBERTO FEBLES

## NEW PATIENT REGISTRATION FORM

Please return fully completed forms to the Practice *in person*  
Monday – Friday between 8.30am – 6.30pm. Please note during busy times you may  
have to wait, as the telephone's take priority. Thank you.

### Patient Details:

Title: Mr / Mrs / Miss / Ms

Date of Birth:...../...../.....

Gender: Male / Female

Marital Status: .....

Surname:.....

First Name:.....

Have you lived in UK for more than 5 years: Yes  No

If the answer to the above question is No, which year did you enter the UK? .....

If you have not lived in the UK for more than 5 years , which country/countries did  
you

live in before coming to the UK? .....

Have you travelled abroad in the last 6 months? Yes  No

If the answer to the above question is Yes, which country/countries did you visit?

.....

Home Address including Post Code: .....

.....

Mobile Number: .....Home Number: .....

Work Number: .....Email Address:.....

Main language spoken:.....Interpreter needed:  Yes  No

Previous or current contact with Social Services:  Yes  No

**Next of Kin (emergency contact):**

Name: .....Relationship: .....

Telephone Number(s): .....

**Text Message Appointment Reminders:**

Do you want to use the SMS text message service?  Yes  No

**SMS Text Messaging:** You can take advantage of our SMS messaging service, by authorising us to use your mobile telephone number. We can send you details direct to your mobile phone about your forthcoming appointments, time, date and who your appointment is with.

**Your Medical Record:**

Have you been a patient with us before? Yes  No

**Lifestyle:**

Height: ..... Weight: .....

Any known allergies: .....

**Smoking Information:**

- ( ) I have never smoked
- ( ) I currently smoke ..... cigarettes
- ( ) I am an ex smoker

I currently smoke and would like to give up smoking Yes/No

**Alcohol:**

Units per week .....of alcohol

**Smear Test (females only):**

Date of last test: ..... Result of last test: .....

**Ethnic Monitoring**

Please tick which ethnic group best describes your background?

<b>White</b>	<b>Asian or Asian British</b>	<b>Mixed</b>	<b>Black</b>
<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean & White	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African & White	<input type="checkbox"/> African
<input type="checkbox"/> Other White	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Mixed	<input type="checkbox"/> Other Black

**Carer Information**

A Carer is someone who looks after a family member, a partner or friend in need of help because they are mentally or physically ill, frail or disabled.

Are you a Carer?     Yes    No

If yes, please state who you care for:

Name:.....Relationship:.....

Is someone a Carer for you?    Yes/No

If yes, please state Carer's name:.....DoB:..../..../

Address:.....

**Patient to sign below to confirm receipt of Rushey Green Group Practice Patient Agreement.**

**Signed**.....

**Date**.....

**For Office Use only**

<b>Date Accepted:</b>	
<b>Name of Receptionist who checked Form:</b>	
<b>Missing/Vulnerable Families Register checked (admin)</b>	
<b>Proof of Residency and ID copy taken for Online access:</b>	Yes    or    No
<b>New Patient Check Appointment Date &amp; Time:</b>	Date:                      Time:
<b>Named Accountable GP, patient informed:</b>	Dr Chen    or    Dr Febles
<b>Details entered on EMIS:</b>	
<b>EMIS Access Pin Emailed to patient:</b>	Yes    or    No

# Rushey Green Group Practice Patient Agreement

**Please understand that by completing and signing this form you agree to the following:**

- a) That you have completed the registration questionnaire to the best of your knowledge.
- b) To keep your appointments and if you are unable to do so you will inform the practice as soon as possible. (We will remind you of your appointments by text if you give us a mobile number).
- c) That you undergo a new patient health check if over 40 years old or have not lived in the UK for more than 5 years to validate your registration
- d) To keep us updated of any change of address or telephone number
- e) To behave towards the Practice staff as you would expect us to behave towards you, not using threatening, aggressive or bullying behaviour towards our staff / other patients.**
- f) To not deface or cause damage to any part of the building or its grounds.**

**Signature of Patient:**.....

**Date:** ..... / ..... / .....

## What Happens Next?

- Please take these completed forms to the Practice anytime, however it may be better not to come during our peak periods (8am – 11am or 1pm - 2pm) together with your proof your address and photo ID, and you can expect to be registered **within 5 working days**.
- You will be booked a New Patient Health Check if over 40 years old or have not lived in UK for more than 5 years to validate your registration.
- If we are unable to register you, we will notify you of the reasons in writing.
- Your NHS medical card will be sent to you from NHS England within 12 weeks of registration if you are new to the area.
- Your named GP will be Dr..... but you are entitled to see any Doctor at the Practice.
- You are encouraged to ask to see the same Doctor whenever you book a routine appointment. For an urgent appointment you will be allocated any of the doctors available for the session.

**THANK YOU FOR COMPLETING THIS FORM**