

KMP02A - NEW PATIENT REGISTRATION – ADULT

Full name					Any previous names?			
Date of birth				Sex at birth	Male	Female		
Gender Identity	Male	Female	Non-binary	Prefer not to say		Other:		
Preferred pronouns	He/Him	She/Her	They/Them	Other:				
Marital status	Single	Married	Divorced	Widowed	Other:			
Ethnic group (please select the most appropriate description)	White Scottish	White English	White Welsh		White Traveller/Gypsy			
	White Polish	White Irish	White British		White Northern Irish			
	Other white	Pakistani	Indian		Bangladeshi			
	Chinese	Other Asian	African		Mixed ethnic groups			
	Black	Arab	Caribbean		Other African/Caribbean/Black			
	Do not wish to respond		Other ethnic group:					
Do you consent to us contacting you from time-to-time via email?				No	Yes – email:			
Occupation	Current:			Previous:				
Next of kin	Name:		Relationship:		Contact Number:			
Do you have a power of attorney?		No		Yes – please provide the practice with a copy				
If you are diabetic, your diabetic foot risk is:			Low	Moderate	Severe	Unknown		
Are you known to be allergic or had any upset to any medicines?			No	Yes - please state name of the medicine(s):				
Please list any medications you are currently taking:		Name	Strength	Dosage				
Health history		Illness/Operation/Accident			Year Occurred (if known)			
Do you have a pacemaker?		No			Yes			
Do you smoke?	No	Yes, I vape	Yes – how many per day?		Ex-smoker since(year):			
Do you drink alcohol?		No	Yes – how many units per week do you drink?					
Is there a history in your family of any of the following:		Diabetes		Heart disease		Raised blood pressure		
		Stroke		Epilepsy		Other:		
Are you using contraception?		Oral (tablet)	Implant	IUD/Coil		Other:		
Do you have any children?	No	Yes - how many?		Have you had a smear test?		No	Yes - date:	
Have you had a blood transfusion prior to 1996?		No						
		Yes – The Scottish Government recommends that those who had a transfusion pre-1996 are offered a precautionary blood test for Hepatitis C if not already tested.						
		If you answered YES, would you like to arrange a check for Hep C?					No	Yes