Leslie Medical Practice
Anderson Drive Leslie, Fife. KY6 3LQ
Telephone Glenrothes (01592) 620222
Website: www.lesliemedicalpractice.co.uk
Dr F A Reglinski . Dr F De Soyza. Dr M G Cumming Dr R Muvva

New Patient Registration Form

Full Name:	Date of Birth:
Home Telephone Number:	Mobile Number:

Please provide details of next of kin in case of emergency:

Relationship:

Name:

Address:

Postcode:

Home Telephone Number: Mobile Number:

Have you had any hospital admissions? Yes/No
If yes, please provide details:

Are you currently being seen as an outpatient or awaiting hospital treatment? Yes/No
If yes, please provide details:

Do you have any medical conditions which you receive treatment for? Yes/No
If yes, please provide details:

Are there any conditions which run in your family? Yes/No
If yes, please provide details:

Please list any medications you are currently taking:	Please list any allergies you may have:

Please list recent immunisations you have had: When was the last time you had a Tetanus booster?	Are you a carer? Yes/No *If yes please ask reception for a carers' identification form.* Do you have a carer? Yes/No *If yes please ask reception for a carers' identification form*

Smoking Status:

Smoker ☐
Non-Smoker ☐
Ex-Smoker ☐

If you currently smoke how many cigarettes do you smoke per day?

If you are an ex-smoker what year did you stop smoking?

Alcohol:

Do you drink alcohol? Yes/No
If yes, how many units do you drink on average per week?
1 unit = 1 glass of wine, 1 measure of spirit or ½ pint of beer

Exercise: Do you take part in any form of regular exercise? Yes/No If yes, What type of exercise? How long does your exercise last?	Please provide details of your:# Height: Weight:

Ethnic Origin
Please tick one of the following

White Scottish ☐	Other white ethnic group ☐	Black African ☐
English ☐	Other ethnic, mixed origin ☐	Black Caribbean ☐
Welsh ☐	Pakistani ☐	Black British ☐
Northern Irish ☐	Indian ☐	Other Ethnic Group ☐ *Please specify*
White British ☐	Bangladeshi ☐	
White Irish ☐	Chinese ☐	
Polish ☐	Other Asian ethnic group ☐	

Access to your medical records for an Emergency Care Summary takes place for certain aspects of your health care provision. This information is shared with out of hours service to enhance your medical care. If you are not happy for your information to be shared please indicate below, please ask to speak with the Practice Manager if you would like further information.

I do not wish to provide consent. Signed: _____ Date: _____