

To be completed by new attendees or those previously registered but not seen at GP-Plus for more than 3 years.

NOTE: This of course does **not** replace any NHS GP registration you may already have. Any information given about yourself will make your GP-PLUS consultation (GP or Occupational Health) more efficient and will help the doctor in decision-making about you. Information about all of our different services is available at www.gpplus.com or else please ask at Reception.

(All information is, of course, strictly confidential).

ABOUT YOU

Mr/Mrs/Miss/Ms/Sir/Lady/Other **(please circle)** Date: _____

Surname: _____ Date of Birth : _____

First/middle name: _____

Address (home) _____

Postcode: _____

Telephone: _____ Fax: _____ email: _____

Occupation: _____

Work Address/Telephone Number _____

Mobile Telephone Number _____

If you have a NHS GP, please provide contact details (or other usual family doctor):

(Information passed to them by GP-PLUS will only be with your consent, see overleaf)

When did you last see your GP and why? _____

ABOUT YOUR HEALTH

Have you had any serious illnesses or operations?

(Can continue on reverse of page 2)

Have you now or ever had:

heart problems	<input type="checkbox"/>
high blood pressure	<input type="checkbox"/>
asthma	<input type="checkbox"/>
diabetes	<input type="checkbox"/>
stroke	<input type="checkbox"/>

Do you smoke? Yes No If yes, how many per day? _____

Do you have any allergies? Yes No If yes, give details _____
(including drugs such as Penicillin)

Do you take regular prescribed or other medication? Yes No If yes, give details _____

Are there any illnesses which run in your family? Yes No If yes, give details _____

Have you had any immunisations/vaccinations in the past 5 years – eg tetanus/polio/flu/travel jabs? Yes No If yes, give details _____

WOMEN ONLY

Do you take the contraceptive pill? Yes No If yes, give details _____

When did you last have a cervical smear? _____

PLEASE TURN OVER TO PAGE 2 FOR COMPLETION, AND REMEMBER TO SIGN

Please feel free to write any additional information about yourself or perhaps any questions you may wish to ask the Doctor on the reverse of page 2.

MISCELLANEOUS HEALTH INFORMATION

Do you already receive a regular medical check-up (eg BUPA or Nuffield) Yes No
If yes, give details (when, where/findings etc)

Next of Kin/Other contact – we would be grateful if you could provide some details (in case of an exceptional emergency)

CANCELLATION POLICY

Please allow at least 24 hours' notice for the cancellation or changing of any confirmed appointment. Cancelling or changing within 24 hours prior to the appointment or failing to attend will incur a standard consultation fee.

"MEDICAL" APPOINTMENT CANCELLATION POLICY

We require at least 24 hours' notice for the cancellation of any Medical (Company/VitalSigns/OH etc). Cancelling within this time will incur full charges.

PLEASE TELL THE GP/RECEPTION IF YOU WISH US TO SEND A REPORT TO YOUR OTHER NHS/PRIVATE GP?

(This can of course be requested at a later date)

Many of our customers enjoy e-mail contact after their consultation. We MUST inform you that this is un-encrypted e-mail. If you do not wish to interact with the Doctor in this way please tick this box or discuss with the doctor during consultation No

'I consent to GP-Plus processing information about me/my child for the purpose of providing me/my child with Medical Services.' ** All data is of course strictly confidential but is always accessible to you within the provisions of the Data Protection Act and Access to Medical Reports Act. (Including this completed registration form)

'I have been informed of the service charges and that these are exclusive of additional costs such as referrals, blood tests and other investigations.'

Signed X _____

Date:

Thank you for the time you have spent completing this registration form. We strive to provide you with a first-class service. All GPs fully subscribe to the principles and recommendation of 'Good Medical Practice' published by the UK General Medical Council.

By signing this document you agree to the terms and conditions as stated on our website at www.gplusplus.com/terms-conditions

GP-Plus, 1-3 India Street, Edinburgh, EH3 6HA

Call us on 0345 119 6049 or Email info@gplusplus.com

