



Dr K Pande
Sister J Alland
Dr M Akomolafe

Wolsley Medical Centre
Londesborough Street, Hull, HU3 1DS
Tel: 01482 335300
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WOLSELEY REGISTRATION FORM

First Name(s):	Surname(s):

DOB: _____ / _____ / _____

Gender you wish to be identified by: _____

NHS Number (if known): _____

Country of birth: _____

Main Spoken Language: _____

Do you require an Interpreter? _____

Religion: _____

Ethnicity:

A: WHITE:

British
Irish
Any other White background

D: BLACK OR BLACK BRITISH

Caribbean
African
Any other Black Background

B: MIXED:

White and Black Caribbean
White and Black African
White and Black Asian
Any other mixed background

E: CHINESE OR OTHER ETHNIC GROUP

Chinese
Any other

C: ASIAN OR ASIAN BRITISH:

Indian
Pakistani
Bangladeshi
Any other Asian Background



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Address:

Postcode:

Mobile Number:

**We may send text messages to your mobile for reminders or changes to appointments etc.*

Telephone Number:

**Please be aware that we will always begin the call or message by saying where we are calling from.*

In case of an emergency we may need to contact somebody on your behalf. Please complete the details below. Please note that we will not contact this person unless ABSOLUTELY necessary.

Next of Kin Name: _____

Contact Number: _____

Relationship to person: _____

Are you a registered carer? _____

Do you have a registered carer? _____

*Please note that if you are a carer or are cared for – there is a separate form that you will need to complete to give consent for your medical information to be shared. Please ask at the reception for further details.



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Smoking Status:	Please tick the correct box
Smoker	
Ex-smoker	
Never smoked	

If you are a smoker – what is your daily consumption? _____

Do you have any allergies? (If yes please list below)

If you are on any regular medication – please bring in your medication boxed or repeat slip to show a member of the reception staff at your earliest convenience, or book a GP appointment.

If you would like to arrange for your prescriptions to be sent electronically to a pharmacy of your choice - please list the name of the pharmacy below:

SUMMARY CARE RECORD (SCR)

Every patient registered at our practice has a summary care record. This is a brief summary of your GP medical records. It informs other medical staff who care for you about your medication and allergies. By consenting to share your SCR, it means that other healthcare providers can give you better care if you need it whilst away from your usual GP surgery.

Do you consent for other health organisations to view your summary care record?
