

# New Croft Centre Registration



NHS Newcastle and North Tyneside  
Community Health

Date

<b>NC</b>	<b>Old CASH No</b>	<b>Old GUM no</b>								
<b>Date of Birth:</b> _____ <b>Age:</b> _____ <b>Title: Mr / Mrs / Ms / Miss / Other</b>										
<b>Surname:</b> _____		<b>Marital Status:</b> _____								
<b>Forename:</b> _____		<b>Ethnic Origin:</b> _____								
<b>How would you like to be called from the clinic?</b>		<b>Country of Birth:</b> _____								
<b>First name</b>	<b>Surname</b>	<b>Occupation:</b> _____								
<b>Patient number</b>		<b>Nationality:</b> _____								
<b>Address</b>		<b>NHS Number:</b> _____								
_____										
_____										
_____		<b>Do you have a long term disability Yes/No</b>								
<b>Postcode:</b> _____		<b>Current place of residence</b>								
<b>Tel. No. Home:</b> _____		_____								
<b>Work:</b> _____		_____								
<b>Mobile:</b> _____		<b>Postcode:</b> _____								
<b>Email address</b> _____										
<b>Overseas Visitor: Yes / No</b>										
<b>For security reasons please give us a unique code word ie mothers maiden name, name of pet</b>										
<b>Question:</b> _____										
<b>Answer:</b> _____										
<b>Our method of contacting you is by letter, what other method(s) can we use if we need to contact you regarding tests etc?</b>										
Phone (Home) Yes/No		<b>PLEASE NOTE THAT WE OPERATE A TEXT SYSTEM FOR SENDING RESULTS</b>								
Phone(Work) Yes/No										
Email Yes/No										
Mobile Yes/No										
		<b>GP:</b> _____								
		_____								
<b>Previous attendance</b> Yes/No		<b>Practice:</b> _____								
		<b>Address:</b> _____								
<b>Can we contact your GP \ Yes/No</b>										
<b>Were you referred to this service</b>										
<b>If so who by?</b>	Self	<b>Is your partner attending this clinic? Yes / No</b> <b>Name of Partner:</b> <b>DOB</b>								
	GP Advice									
	GP Letter									
	Health Advisor									
	Contact Slip									
	Contraception Clinic									
	Chlamydia Screening									
	Other									
		If other please state where: _____								
<b>Was this your preferred clinic?</b>		<b>Yes      No</b>								
<b>Do you have a current problem or symptoms?</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%; height: 20px;"></td> </tr> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%; height: 20px;"></td> </tr> </table>								
<b>When did you first try to access this clinic?</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%;">Less than 2 working days</td> </tr> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%;">Over 2 working days</td> </tr> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%;">Over 1 week</td> </tr> <tr> <td style="width:50%; height: 20px;"></td> <td style="width:50%;">Over 2 weeks</td> </tr> </table>		Less than 2 working days		Over 2 working days		Over 1 week		Over 2 weeks
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signed:.....		date:.....								