

Unregistered Patient Form

Welcome to Guildhall Walk Healthcare Centre.

Please complete this form in capital letters and hand it back to the receptionist, then take a seat and wait to be called by a doctor or a nurse.

Mr/Mrs/Miss/Ms/Other _____

Surname _____ First name _____

Date of Birth _____ Sex Male Female

Address _____

Post Code _____

Home telephone: _____ Work telephone: _____

Email _____

Mobile (tick if it is OK for us to call or text you on your mobile) _____

Name of GP _____ Surgery _____

Next of Kin _____

Reason for today's attendance? _____

Have you been referred to attend our service? Yes No

If yes who referred you? _____

Have you attended here before? Yes No

Why have you chosen to use this Health Centre rather than visit your own GP? _____

If you don't live in Portsmouth, how long are you here for?

Day trip Up to one week 1-2 weeks More than 2 weeks

What is the purpose of your visit to Portsmouth? Business Tourism Family Other

PATIENTS UNDER 16 YEARS:

Relationship to child (if accompanied)

Telephone number: _____.

Name of School: _____.

ETHNICITY: Please tick one of the following

<p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Other Asian background Please State:</p> <p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Other Black background Please State:</p>	<p>Mixed</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> Any other mixed background Please State:</p> <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background Please State:</p>	<p>Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Any other ethnicity Please State:</p> <p><input type="checkbox"/> I do not wish to disclose my ethnic origin</p> <p>First spoken language:</p>
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HOW DID YOU FIND OUT ABOUT US: (Please tick one of the following)

- Referred by my GP
- Recommended by a friend or relative
- Chosen on NHS Choices
- Website/Search engine
- Local promotion/Information leaflet
- Advertisements (please specify) _____

The information you have provided may be shared with other relevant healthcare professionals such as your GP or the Primary Care Trust. Could you please sign below to confirm you have read and agree with us possibly sharing information about your attendance.

Please comment on your experience of the service today and complete a Patient Satisfaction Survey as you leave. Thank you.

Signature: _____