**Donaghadee Health Centre: In House Registration**

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| **TITLE\*** MR. MRS. MS. MISS OTHER | **Date of Birth: Sex:** |
| **FIRST NAME**: | **SURNAME**: |
| **MOBILE NUMBER**: | **Consent to SMS**: Yes / No  (to send appt reminders, test results etc) |
| **EMAIL ADDRESS**: | **SMOKING STATUS**: Current / ex-smoker / non-smoker |
| **Carer: Yes / No** | **Next of Kin: Name: Phone number:** |
| **Recent BP result: Date:** | **Home phone Number:** |

**\*\* If your require Medication**

**We will need a copy of your medications. This may be provided at your request by your previous GP surgery. Without adequate information the medication will not be able to be prescribed.**