

# Walk In / Unregistered Patient



Please complete the following information and hand your form to a member of reception staff. **All information is kept strictly confidential.**

## To be completed by the patient

Title Mr  Mrs  Ms  Miss  Other  Date of Birth

Surname  Forenames

Present Address

Postcode

Tel / Mob  Email

Current GP name /

address  Postcode

Home Address

(If different from above)  Postcode

## Ethnicity

- White  
 White British  
 White Irish  
 White Other

- Black  
 Caribbean  
 African  
 Black Other

- Other Ethnic Groups  
 Chinese  
 Any other Ethnic Group

I do not wish to state my ethnicity

- Mixed  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Mixed Other

- Asian or Asian British  
 Indian  
 Pakistani  
 Bangladeshi  
 Asian Other

Have you claimed Asylum in the UK?

Yes  No

Do you plan to submit an Asylum claim?

Yes  No

**First Language** (Children and babies ethnicity and first language will be defined as Parent/Guardian)

- Arabic  
 British Signing Language  
 English  
 French  
 Hindi

- Urdu  
 Bengali  
 Tigrinya  
 Spanish  
 Chinese (Cantonese/Mandarin)

Other (please specify below)

Is this your first visit to a DMC clinic? If yes, please tick the box

Do you consider yourself to have a disability? Yes  No  (please specify below)

How did you hear about us?

Why have you not seen your usual GP today?

Which school do you attend?  
(Patients Under 18)

**Would you like any advice on the following areas?**

Giving up smoking

Breast screening

Decreasing your alcohol intake

Childhood immunisation status

Dietary advice and healthy eating

Asthma

Sexual health advice

Diabetes

Osteoporosis

Any other

(please detail)

**Please give a brief description of your symptoms.**

*If you do not wish your GP to be informed of this consultation, please discuss this with your healthcare professional*

Patient signature

Arrival time

00 : 00 am/pm

Date

DD / MM / YY