

New Patient Form

Forename	Surname
D.O.B	Title
Address	Postcode
Home Tel.	Mobile
Work Tel.	NHS Number (Given on medical card)
Email Address	Occupation
Sex: M / F	Doctors Name:
Do You Pay For NHS Treatments? Yes / No	If No, ask reception for further details as you must provide proof of your exemption at every course of treatment.
How Did You Hear About Us (Please circle the appropriate answer)	<ul style="list-style-type: none"> • An existing patient • Advertisement • BT phone book • NHS direct • Thompson on line • Talking pages • Word of mouth • Yellow pages • Notice Board out practice • BDS Website • Family member • Staff member • Thompson Local • Walked by • Yell.com
Ethnicity (Please circle the appropriate answer)	<ul style="list-style-type: none"> • White British • White Mixed • Asian • Black African • Chinese • White Other • Other Mixed Background • Other Caribbean • Other Black background • Any Other Ethnic Group