

WELCOME TO CAIRNSMORE MEDICAL PRACTICE



We are a friendly team of doctors working with medical/paramedical and nursing colleagues plus support staff to provide a high standard of care for about 4000 people in Newton Stewart and the surrounding area. We hope you enjoy living in this beautiful part of Scotland.

PLEASE NOTE - PATIENT ACTION REQUIRED:

In order to complete your registration with ourselves and to ensure a continuity of care, we ask that all patients who wish to join our practice contact their current medical practice and provide us with their email address.

This will allow us to request a summary of your current medications and medical history.

PRACTICE EMAIL ADDRESS:

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Without this information, your application to join the practice may be delayed.

Before returning your registration forms to our practice for consideration, please ensure that you have signed the registration application and that you bring ID with you for our team to confirm.

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PERMANENT PATIENT REGISTRATION

Please confirm that you are going to be here for a period of **3 months or more** ☐
(Your medical records will be requested from your current GP practice)

We are a 'paper light' Practice, so we need a certain amount of information to put onto our system to allow medical staff to review. Please fill in the following form as completely as you can. There are some checks that will require to be made before your registration can be completed. We will let you know if any problems come to light during this process.

Have you been to this practice before? YES ☐ NO ☐

If you have answered yes, then some of your details will already be on our system. Please let the receptionist know that this is the case and she will check what information requires to be updated rather than you continuing to complete all of this form.

PATIENT:-

NEXT of KIN NAME

CONTACT NUMBER

Please list any allergies you have:-

CURRENT HEALTH STATUS:-

Height:

Weight:

Smoking Habit:-

Current Smoker

☐

Ex Smoker

☐

Never Smoked

☐

Alcohol Consumptions (units per week):

Family History:

Do you have any immediate family members with history of any of the illnesses below? *Please tick all that apply*

Heart Disease (Over 60 years old) ☐ CVA/Stroke ☐ Cancer ☐

Heart Disease (Under 60 years old) ☐ Diabetes ☐ Asthma ☐

Exercise:

How often do you exercise?

What form of exercise do you do?

Additional:

Are you a Carer?

Yes

☐

No

☐

A carer is defined as someone who voluntarily looks after a friend or relative or looks after a physically or mentally disabled child who needs support to live at home.

Which surgery do you wish to be registered at? Newton Stewart

☐

Creetown

☐

Patient Access:

Cairnsmore Medical Practice provides an online service to our patients for the purpose of appointment booking and prescription ordering. Once your registration is confirmed complete, please ask the receptionist for the relevant information to allow you to access this service should you wish to use it.

Further information on surgery times etc is available in our Practice Information Leaflet.

Office Use Only:-

Previously Registered: YES

☐

NO

☐

EMIS REG No:

Patient Summary Obtained:

Date: