Oxfordshire GU Medicine Registration form

Please complete the following details for registration purposes in CAPITAL LETTERS

Your personal information

Title Miss / Mrs / Mr / Other…….

Surname……

First name …….

What name would you like to be known by within the clinic?

…….

DoB DD/MM/YYYY

Are you Male or Female? Male Female

Address……

……

……..

Post Code ……

Home phone number

Mobile number

Other relevant contact number e.g. work

GP Details

Occasionally we may contact your GP if you have an untreated infection and we have bee unable to contact you.

Is it alright for us to contact your G.P.? Yes / No

G.P's Name …….

Address

……

……

Which of the following best describes your ethnic group? (please tick one selection)

White	Mixed	Asian or Asian British	Black or black British	Other Ethnic groups
☐ White British	☐ White & Black Caribbean	☐ Indian	☐ Black Caribbean	☐ Chinese
☐ White Irish	☐ White & Black African	☐ Pakistani	☐ Black African	☐ Any other
☐ Other white background	☐ White & Asian	☐ Bangladeshi	☐ Other Black background	
	☐ Other mixed background	☐ Other Asian background		

If you do not wish to give any of this information, please tick this box. ☐

Contacting you

From time to time we may need to be able to contact you, possibly with important test results.

Can we contact you

At your home address Yes No

On your home phone Yes No

By phoning your mobile Yes No

By texting your mobile Yes No

If no, is there another address or telephone number that we can contact you on?

Address ……

PostCode…….

Telephone number

How were you referred to us?

Own accord ☐ GP ☐ contact/partner ☐ family planning ☐ hospital ☐ other ☐

Signature **Date** DD/MM/YYYY

If you have **A REFERRAL LETTER OR CONTACT SLIP** please given it reception