

# Limefield Medical Practice

Newbury Place Health Centre

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## NEW PATIENT REGISTRATION FORM

### 1. Contact details:

- a. Home Address : .....  
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.....Post Code .....
- b. Telephone number .....
- c. Mobile Number .....
- i. Are you able to receive text messages? .....
- d. Email Address .....
- i. Did you know that if you have an email address you can register for online services e.g. booking appointments or ordering prescriptions?

### 2. Are you a Carer? Please let us know if you are looking after a vulnerable adult, a dependent child or a child with a disability –

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You are deemed to be a Carer if you –

- a. Are 18 years or older, and
- b. Look after anyone. This could be a relative or a friend e.g. an elderly parent/relative or a child with a disability.
- c. Are under 18 years and
- d. Look after anyone. This could be a relative or a friend e.g. an elderly parent/relative or a child with a disability

### 3. What school do your children attend?

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