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| **BROTTON SURGERY**  **NEW PATIENT QUESTIONNAIRE**  **Patients aged 14 and under**  If you are happy for us to record your ethnicity please let us know what your ethnicity is:  What is your main spoken language?  If you main spoken language is not English would you benefit from having an interpreter present at your appointments? Y / N  Please let us know if you need information in:  Braille Large print Easy read  Do you need a British sign language interpreter? Y / N  Are you a carer for someone on a regular basis? Y / N  If yes are you happy for us to pass your details on to carers together who may contact you to offer support and advice on local services? Y / N | |  |  | | Please complete and return this questionnaire with your registration form.  We must have your NHS number to be able to register you, if you have a repeat prescription slip it will be on there, if you are currently registered for online services you will find it on there or you could ring you current registered practice and ask them.  Please attach your repeat prescription details to this questionnaire. Please note we will not be able to issue repeat prescriptions until a GP as completed a medication review for you, please try and ensure you have enough medication from your current GP Practice for at least the next two weeks. Thank you. | |
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| Full Name:  Address:  Post code:  Date of Birth:  NHS number:  Next of Kin:  Home phone number:  Mobile number:  Parent/Guardian: We can register you to access this patient’s online services on their behalf or they can register themselves to do this. This will allow you or them to book appointments, order medication and view some of their records. If you would like this setting up please give the email address and full name of the person registering to be set up for this:  Email address:  Name:  Appointments and medication ordering – Y / N  Access to view records - Y / N  Do you take warfarin? Y / N | |  | | | Are you registering here from abroad? Y / N  Are you returning from the armed forces? Y / N  Please circle your response for the below questions.  Do you take regular exercise?  Inactive Gentle Moderate Vigorous  Do you have a balance diet?  Poor Moderate Good  Do you have any allergies?  Yes No  if yes please can you give us some details  ………………………………………………………………………………  Do you have any family history of the following?  Diabetes Coronary Heart Disease Asthma Stroke  Current weight and height: | |
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