

Village Surgery

New Patient Registration Form

Today's Date:

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

Full Name:		NHS number (if known):	
Mr / Mrs / Miss / Ms / Other.....		Telephone Number:	
Address and Postcode		Mobile Number:	
		E-mail Address:	
		Next of Kin:	
		Relationship to You eg. Mother/Father	
		Next of Kin Contact Number:	
Date of Birth:	Previous surname if different:	Town & Country of Birth:	
Previous Address		Previous Postcode:	
		If applicable, date you first came to live in Britain:	
Previous Doctor Address		Previous Doctor Telephone No:	
		Previous Doctor Name:	
If you are registering a child under 5, do you wish the child to be registered with the Doctor for Child Health Surveillance?		Yes	No
If returning from Armed Forces:	Your Service or Personnel Number	Your Enlistment Date	
Are you a member in the Armed Forces or a Veteran?	Yes	No	
Was this Army, Navy or Air Force?			
Are any of your family members in the Armed Forces or a Veteran?	Yes	No	
Do you have a Nominated Pharmacy for electronic prescriptions?	Yes (if so please let the reception staff know if you wish to change to a local pharmacy)	No	

Smoking, Alcohol Consumption and Exercise:					
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If so, how many cigarettes / cigars / tobacco do you smoke in a week?			How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>		
<i>If you are a smoker and want to stop, we hold a smoking cessation service in practice.</i>					
How often do you exercise?	How many times per week	Type(s) of exercise:			
1. How often do you have eight or more drinks on one occasion? (please circle) Never Less Than Monthly Monthly Weekly Daily Almost Daily					
2. How often during the last year have you been unable to remember what happened the night before because you had been drinking? Never Less Than Monthly Monthly Weekly Daily Almost Daily					
3. How often during the last year have you failed to do what was normally expected of you because of your drinking? Never Less Than Monthly Monthly Weekly Daily Almost Daily					
4. Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down? No Yes (If YES was it) In the last year or Over a year ago					
Your Medical Background:					
Do you suffer from any chronic diseases (such as Asthma, CHD, Diabetes, Epilepsy, High Blood Pressure etc..?)					
Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)					
Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		
Specific Needs:					
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:					
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):					
Are you an 'Assistance Dog' User?					
Please state any Physical disabilities you have:					
Please state any Mental disabilities you have:					
Please state any requirements you have to be able to access the Practice premises					

Please state any Religious or Cultural needs:			
Do you require the help of a Translator / Interpreter?			
Please state any specific nutritional requirements you have:			
Please state any allergies and sensitivities you have:			
Please state any phobias you have:			
If you are a Carer, please state the name / address / phone number of the person you care for:		<u>Person Cared For Contact Details:</u>	
If you have a Carer, please state their name/address/phone number and sign here if you wish us to disclose information about your health to your Carer.		<u>Carer Contact Details:</u>	
		Signed:	Date:
If you wish to register as a NHS Organ Donor please go to www.uktransplant.org.uk or call 0300 123 23 23. If you wish register as a NHS Blood Donor please go to www.blood.co.uk			
<u>Summary Care Records.</u> The NHS are changing the way your health information is stored and managed. The NHS Summary Care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS Care. An information pack has been provided.			
Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide:
<u>Patient Participation Group</u> The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.			
Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box)			Yes
Patient Signature:		Signature on behalf of Patient:	

Your physical examination will include having your height, weight and blood pressure taken from the machine in the waiting area. Please hand your ticket in with this registration form to one of our receptionists. **When handing in these forms please bring a form of photographic ID and a utility bill.**

Thank you for completing this form

For more information about the services we offer, please refer to our practice leaflet or see our website: www.villagesurgerysilksworth.org.uk

Leaflet given #8CE

Named GP #67DJ

Allocated GP #9NN60

ID Seen #9RN