

NORTH BADDESLEY SURGERY

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Title: Mr Mrs Miss Ms Male Female

Date of Birth

NHS Number

Address
Post Code:

Telephone number: Mobile number:

Email address:

Please tell us about yourself:

Are you a carer? Yes No

If yes, please tell us the name & address of who you care for:

Do you have a carer? Yes No

If yes, please tell us the name & address of your Carer:

Are you happy for us to contact your carer about you? Yes No

For patients aged 85 or over: (these are to help us assess if you may need additional clinical input)

Do you have any health problems that require you to limit your activities? Yes No

Do you have any health problems that require you to stay at home? Yes No

Do you regularly use a stick, walker or wheelchair to get about? Yes No

In case of need, can you count on someone close to you? Yes No

Do you need someone to help you on a regular basis? Yes No

Please provide details if the person is different from the information you have provided as your carer.

Personal Medical History.....

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations

Immunsation	Year	Immunsation	Year
Tetanus		Polio	
Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

List of current medication

If you have a copy of your repeat medications, please pass to Reception to copy

Name of medication	Dosage

Lifestyle

Please enter your height & weight:

Height:	Weight:
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Lifestyle smoking

Do you smoke: Yes No

If yes, Cigarette Cigars Pipe

Are you an ex-smoker? Yes No When did you give up?

How many cigarettes/cigars do you smoke daily?

<1/day 1-9/day 10-19/day 20-39/day 40+/day

If you smoke a pipe
how many ounces a
week?

Would you like help Yes No
to quit smoking?

Lifestyle alcohol

Do you drink alcohol: Yes No

If yes, please answer the following questions:

How often do you have a drink that contains alcohol?

Never Monthly or less 2-4 times per month
 2-3 times per week 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1-2 3-4 5-6 7-8 10+

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

Lifestyle exercise

Do you exercise: Yes No If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

Female patients only

Are you currently, or think you may be pregnant? Yes No

Do you have any children? Yes No If yes, how many?

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test? Yes No

If yes, what was the result? (if known) Date (if known)

Ethnicity

Please indicate your ethnic origin:

- British or mixed British Irish African Caribbean
- Indian Pakistani Bangladeshi Chinese
- Other (please state):
- Decline to state

Next of kin

Name:

Tel contact number:

Relationship:

Data sharing consent choices

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations. For more information or to opt out, please go to <http://nhs.uk/your-nhs-data-matters>

Where you have provided information on how to contact you, please confirm if you are happy for North Baddesley Surgery to contact you:

- By email Yes No By text Yes No

Are you happy if a message is left with a member of your household saying that you have received a call from North Baddesley Surgery? Yes No

If so, please name: _____

Are you happy for a member of your household to take a message for you? Yes No

If so, please name: _____

Are you happy for a message to be left on any answerphone you may have at your home address, asking you to contact North Baddesley Surgery? Yes No

Are you happy for any message to be left via voicemail on any mobile phone number that is registered to you? Yes No

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:

- Signature of patient Signature on behalf of patient