

# The Roseland Surgeries

*Welcome to our Practice on the Roseland Peninsula. Our surgeries are at Portscatho, Tregony and St Mawes.*

**Under 12's Only** - Please complete this questionnaire which helps us with the registration process. It needs to be returned to reception along with the registration form.

Full Name: \_\_\_\_\_ NHS No: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Mobile or Alternative Phone No: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Name/Address of previous GP: \_\_\_\_\_

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## **If you are from abroad:**

Your first UK address where registered with GP: \_\_\_\_\_

Date you first came to live in the UK: \_\_\_/\_\_\_/\_\_\_\_\_

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Your Height in cm \_\_\_\_\_

Your Weight in Kg \_\_\_\_\_

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Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone Numbers: \_\_\_\_\_

**Childhood Vaccination History** – We would be grateful if you could bring in a record of your child's immunisation history for example their Red Book.

## **Past Medical History**

Please list any operations you have had, illnesses, chronic or recurrent health problems e.g. asthma.

1. \_\_\_\_\_ Approx. date of onset: \_\_\_\_\_
2. \_\_\_\_\_ Approx. date of onset: \_\_\_\_\_

### Regular Medication

Please list your regular medication below and bring your tablets or repeat prescription slip to your new patient check appointment. Your child will need to be seen if you require medication from us the first time.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Allergies/Drug Intolerance

Please list any allergies and drug intolerances known to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Family History:

Please tick if there is a history of the following in your family:

	Mother	Father	Brothers/Sisters	Children
Heart disease				
Asthma				
Other Lung Disease				
High Blood Pressure				
Glaucoma				
Stroke				
Diabetes				
Cancer				

### Ethnic Origin

To which of the following ethnic groups do you belong? Ethnic group refers to people with the same cultural background and national identity. It does not always mean where you were born.

Please tick one box:

<b>White</b>	British	
	Irish	
	Cornish	
<b>Mixed</b>	White and Black Caribbean	
	White and Black African	
	White and Asian	
<b>Asian or Asian British</b>	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background (please specify)	
<b>Black or Black British</b>	Caribbean	
	African	
<b>Chinese</b>		
<b>Other Ethnic Group</b>	(please specify)	
<b>Declined</b>		

**Thank you for completing this questionnaire. Any patients on regular medication need to see a GP before we are able to issue any further prescriptions, so please make an appointment at reception.**

# **ROSELAND SURGERIES**

## **CONSENT STATEMENT**

You can choose to permit or restrict access to any data entered into your medical records, either here or at another healthcare organisation. Anyone who requires access to your medical data should request your permission to do so. Your consent can be changed at any time.

**Do you consent to the sharing of your surgery medical records with any other healthcare organisation that may care for you? (i.e. District Nurses, hospitals etc)**

Yes – share data with other organisations

No – do NOT share any data recorded here

**Do you consent to your GP accessing your medical data recorded by other healthcare services? (i.e. community clinics, District Nurses etc)**

Yes - Consent given

No - Consent refused

Signed..... Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please print your name: .....

(Please hand to receptionist when completed. This consent statement is in addition to those we have asked you regarding text messaging/emails.)