



# **NORTHGATE MEDICAL CENTRE**

Fountains Health  
 First Floor  
 Delamere Street  
 Chester  
 CH1 4DS

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## **NEW PATIENT REGISTRATION**

Thank you for choosing to register at Northgate Medical Centre. In order to complete the registration process we require the attached forms to be completed in full.

### **Please ensure that you have completed the following as we cannot register you until we have all of this information.**

- Registration Form (GMS1 – purple form front and back)
- Patient Questionnaire (both sides completed)
- Provided photocopies of proof of identity – We cannot process your application to register without proof of your identity. **You will need to provide two forms of identification** (see list below).
- WE CANNOT ACCEPT YOUR COMPLETED REGISTRATION DOCUMENTS WITHOUT **ALL** OF THE ABOVE

Proof of Identity (one document from this column)	Tick as appropriate	Proof of Address (one document from this column)	Tick as appropriate
Current UK/EEA/EU passport		Bank, building society or credit card bill (under 3 months)	
Current non UK/EEA/RU with valid visa		Mortgage statement (under 12 months)	
Current UK/EU driving licence		Current state pension or benefits documentation	
EY/EEA National Identity card		Current local council rent card or tenancy agreement	
Current state pension or benefit documentation from Dept Work & Pensions		Utility bill, utility statement or letter from suppliers of utilities (dated within the last 3 months)	
Blue Badge disabled drivers pass		Local authority tax bill/council tax bill for current year	
UK birth certificate		Official letters from care or nursing home confirming residence.	
		Solicitors letter confirming completion of house purchase	
(For 16-18s living at home)			
Birth certificate		N/A	
Provisional photo-card driving licence		N/A	

**PLEASE COMPLETE ALL SECTIONS**

<b>OFFICE USE ONLY</b>	
Proof of ID	<input type="checkbox"/>
Proof of Address	<input type="checkbox"/>
On system	<input type="checkbox"/>
Scanned	<input type="checkbox"/>
Staff initials .....	

**PLEASE USE BLOCK CAPITALS**

**SURNAME:** \_\_\_\_\_ **FORENAME(S):** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NHS NO (if known):** \_\_\_\_\_ **GENDER:** **MALE / FEMALE**

**MOBILE NO** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_ **NEXT OF KIN/TEL:** \_\_\_\_\_

**IN CASE OF EMERGENCY PHONE - NAME:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**CONTACT DETAILS**

**PERMANENT HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

**PREVIOUS GP:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_ **MAIN SPOKEN LANGUAGE:** \_\_\_\_\_

**FOR INTERNATIONAL PATIENTS ONLY - DATE ENTERED UK:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(we are unable to register you if this date is not provided)**

**COUNTRY ARRIVED FROM:** \_\_\_\_\_

Are you currently registered under the NHS? YES/NO

If **YES**, are you registering having been:

- In the armed forces?

(Please provide date of discharge and discharge papers) \_\_\_\_\_

If **NO** were you...

- Living abroad?

- born inside the UK?

- a private patient?

- born outside the UK?

- NONE of the above?

- date entered the UK?

**PLACE OF BIRTH:** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEDICAL HISTORY QUESTIONNAIRE**

**SMOKING STATUS:** \_\_\_\_\_

**IF SMOKER, AMOUNT PER DAY** \_\_\_\_\_

**ALCOHOL INTAKE:** \_\_\_\_\_ *UNITS P/ WK*

**ANY ALLERGIES:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_ ft \_\_\_\_ ins

**WEIGHT:** \_\_\_\_ stone \_\_\_\_ lbs

**IF YOU ARE PREGNANT? (tell us your estimated date of delivery)** \_\_\_\_\_

**FAMILY HISTORY:** \_\_\_\_\_

**LAST SMEAR TEST:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (women only)      **RESULT:** \_\_\_\_\_

**DO YOU SUFFER OR HAVE YOU PREVIOUSLY SUFFERED FROM ANY OF THE FOLLOWING CONDITIONS?**

- |                 |                          |                 |                          |                 |                          |            |                          |
|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|------------|--------------------------|
| ASTHMA          | <input type="checkbox"/> | CANCER          | <input type="checkbox"/> | COPD            | <input type="checkbox"/> | DEMENTIA   | <input type="checkbox"/> |
| DIABETES TYPE 1 | <input type="checkbox"/> | DIABETES TYPE 2 | <input type="checkbox"/> | HEART DISEASE   | <input type="checkbox"/> | RHEUM ARTH | <input type="checkbox"/> |
| HYPERTENSION    | <input type="checkbox"/> | STROKE          | <input type="checkbox"/> | THYROID DISEASE | <input type="checkbox"/> | DEPRESSION | <input type="checkbox"/> |

**ARE YOU A CARER:**      YES/NO      **IF YES, NAME & RELATION:** \_\_\_\_\_

**DO YOU HAVE A CARER:** YES/NO      **IF YES, NAME & RELATION:** \_\_\_\_\_

If you have or are a Carer would you be happy for us to share your details with Cheshire Carer's Trust who can send you information you may find helpful. Tick if you would like us to do this.

If you wish to register as a Carer please get a form off reception and we can send this off to them for you.

**DO YOU HAVE ANY COMMUNICATION NEEDS? YES/NO** (if yes, please tick or write) \_\_\_\_\_

- Uses a hearing aid     Uses sign language     Uses lip-reading     Uses deafblind intervener   
Uses legal advocate     Uses a citizen advocate     Uses British sign language     Uses textphone   
Uses manual note taker     Uses speech to text reporter

**CONTACT NEEDS:**

- Requires information by telephone     Requires information by text relay   
Requires contact by short text message     Requires contact by letter   
Requires contact by text message     Requires contact by email     Requires audible alert   
Requires visual alert     Requires tactile alert

**PLEASE LIST BELOW ANY REPEAT MEDICATION YOU ARE TAKING**

**P.T.O.**

## Fast Alcohol Screening Test (FAST) – *please circle your answers*

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (for men) 6 (for women) or more alcoholic drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your score above is 2 or more						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:** A total of 3+ indicates hazardous or harmful drinking

<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">1.5 units</p> <p style="font-size: 8px; margin: 0;">Small glass red/white/rose wine (125ml, ABV 12%)</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">2.1 units</p> <p style="font-size: 8px; margin: 0;">Standard glass red/white/rose wine (175ml, ABV 12%)</p> </div>
<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">3 units</p> <p style="font-size: 8px; margin: 0;">Large glass red/white/rose wine (250ml, ABV 12%)</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">2 units</p> <p style="font-size: 8px; margin: 0;">Pint of lower-strength lager/beer/cider (ABV 3.6%)</p> </div>
<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">3 units</p> <p style="font-size: 8px; margin: 0;">Pint of higher-strength lager/beer/cider (ABV 5.2%)</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">1.7 units</p> <p style="font-size: 8px; margin: 0;">Bottle of lager/beer/cider (330ml, ABV 5%)</p> </div>
<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">2 units</p> <p style="font-size: 8px; margin: 0;">Can of lager/beer/cider (440ml, ABV 4.5%)</p> </div>	<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">1.5 units</p> <p style="font-size: 8px; margin: 0;">Alcopop (275ml, ABV 5.5%)</p> </div>
<div style="border: 1px solid black; padding: 5px; background-color: #e6f2ff;"> <p style="font-weight: bold; margin: 0;">1 unit</p> <p style="font-size: 8px; margin: 0;">Single small shot of spirits* (25ml, ABV 40%)</p> </div>	