|  |  |  |  |
| --- | --- | --- | --- |
| Title\* |  | | |
| Surname\* |  | | |
| First Names\* |  | | |
| Date of Birth\* | Click or tap to enter a date. | | |
| Town of Birth\* |  | | |
| Country of Birth\* |  | | |
| NHS Number |  | | |
| Occupation |  | | |
| Email\* |  | | |
| Home Address\* |  | | |
| Postcode\* |  | | |
| Home Telephone\* |  | | |
| Mobile |  | | |
| Can we send you text messages? | Yes | | No |
| Ethnic Group\* | Choose an item. | | |
| First Language\* |  | | |
| Do you need an interpreter? | Yes | No | |
| Pharmacy of choice for prescriptions |  | | |

**Patient Registration, Medical Questionnaire and Supplementary Information**

**Please help us to trace your previous medical records by providing the following information:**

|  |  |  |
| --- | --- | --- |
| Previous Address in UK |  | |
| Name of Previous GP whilst at this address |  | |
| Address of previous GP surgery |  | |
| Are you from abroad? | Yes | No |
| \*Date you entered the UK? |  | |
| Are you returning from the armed forces? | Yes | No |

**Summary Care Record**

The NHS is changing the way your health information is stored and managed. The summary care record is an electronic record of important information about your health. Are you happy to consent for your records to be uploaded and used in case of an emergency?

|  |  |
| --- | --- |
| Yes | No |

**Medical Questionnaire & supporting Information**

Do you have any communication needs?

|  |  |  |
| --- | --- | --- |
| Sign Language | Large Print | Other |

If other, please specify:

|  |  |  |
| --- | --- | --- |
| Are you housebound? | Yes | No |
| Do you hold a DNAR form (do not attempt cardiopulmonary resuscitation)? | Yes | No |
| Is there a Power of Attorney in place for you? | Yes | No |
| Nest of kin name |  | |
| Next of kin relationship to you |  | |
| Next of kin telephone |  | |

|  |  |  |
| --- | --- | --- |
| Do you have a current list of medications? | Yes | No |
| How much alcohol do you drink in a week (units)? Alcohol change UK has a helpful [calculator](https://alcoholchange.org.uk/alcohol-facts/interactive-tools/unit-calculator) to support your answer. |  | |
| How many times a week do you exercise for 30 minutes or more? |  | |
| Is this exercise mostly [light, moderate or vigorous](https://www.nhs.uk/live-well/exercise/)? |  | |
| Do you smoke? | Yes | No |
| \*If yes – how many do you smoke per day? | | |
| Have you ever smoked? | Yes | No |
| \*If Yes – how many do you smoke per day?  \*If Yes – What date did you quit smoking? | | |
| Height |  | |
| Weight |  | |

**Carers**

|  |  |  |
| --- | --- | --- |
| Are you carer? | Yes | No |
| Do you have a carer? | Yes | No |

So that your doctor knows that you are a carer when you visit the surgery, it would be helpful if you could inform us. The information will then be recorded confidentially on your notes and will not be disclosed to any other person or organisation without your permission. Too often it is not recognised that someone is a carer until they reach crisis point. If you are registered as a carer with the practice then you can be supported throughout. This support can include advice, guidance and signposting, an annual health check and flu jab. If you are supported then you can continue to provide support to the person you care for.

**By submitting this form to the surgery, you agree:**

* that you may be contacted from time to time, via email and/or SMS, with practice news, advice, about your health and/or appointment reminders
* that you have read and understood the above questions and that you are happy for the practice to contact you regarding the form submitted

[End of form]