

PENDEEN SURGERY NEW PATIENT QUESTIONNAIRE

PATIENT DETAILS:

Title:	Surname:	First Name(s):		
Date of Birth:	Place of Birth:	NHS Number (if known):		
Home Address:				
Postcode:				
Home Telephone No:	Work Telephone No:	Mobile Telephone No:		
Email Address:				
Are you happy to be contacted via:	Text (SMS) <input type="checkbox"/> Post <input type="checkbox"/> Telephone <input type="checkbox"/> Automated call <input type="checkbox"/> Email <input type="checkbox"/> All <input type="checkbox"/>			
Please help us trace your medical records by providing the following information:				
Your previous address:				
Name and address of previous doctor:				
If you are from outside the UK and have not been registered with a UK doctor before, please provide the date you entered the UK:				
Admin note: (GMS1 supplementary form to be completed)				

INFORMATION ABOUT YOU:

Ethnicity: – please circle	A. White – British / Irish / Any other white background B. Mixed – White & Black Caribbean / White & Black African / White & Asian / Other C. Asian or Asian British – Indian / Pakistani / Bangladeshi / Any other Asian background D. Black or Black British – Caribbean / African / Any other black background E. Chinese or other ethnic group – Chinese / Any other ethnic group
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Are you a carer?	Yes	No
Do you require any assistance with communication or access?	Yes	No
If yes, please provide details.		

MEDICAL INFORMATION:

What is your height?	cm	or	ft	ins	(without shoes)
What is your weight?	kg	or	st	lbs	(indoor clothes)
Smoking Status: – please circle	Never Smoked	Current Smoker		How many per day?	
		Ex-Smoker		Date stopped:	
If you are a current smoker we would like to make you aware that smoking cessation advice and nicotine replacement therapy is available. Please ask a receptionist for details.					

How many units of alcohol do you drink in a typical week?
 (each of these contain 1 unit: a small glass of wine; ½ a pint of beer; a small glass of sherry; a 25ml of spirit)

PHARMACY NOMINATION FOR PRESCRIPTIONS:

Please indicate which Pharmacy you intend to collect your prescription from (you can change your choice of Pharmacy at any time, but you will need to let us know in good time before requesting your next prescription).

Cohens Benjamins Boots (Ross-on-Wye) Other Pharmacy

If you have ticked "Other Pharmacy", please provide the name and address of the pharmacy.

SHARING DATA: Information about your health and care

Sometimes it is necessary to share medical information with other health care professionals in order for you to receive the best care possible e.g. when you are referred to the hospital / physiotherapist for treatment. You have a choice about how some of your data is shared on the Summary Care Record and Care.data. If you are not happy for your data to be shared in this way then please complete the appropriate opt out form, which can be accessed via www.pendeen.surgery.co.uk or from the reception desk.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential patient information is used for research and planning. To find out more please visit: www.nhs.uk/your-nhs-data-matters or pick up a leaflet in the surgery.

Once completed please return registration form to reception with the following proof of identity and address:

One form of photographic ID, such as Passport or driving license
 (If you do not have a form of photographic ID please bring 2 forms of proof of identity).

One form of proof of address, such as a utility bill or bank statement.

The surgery will confirm your registration to the email address that you have provided on this form in 14 working days. (If you have not provided an email address we will contact you via your preferred method).

PATIENT SIGNATURE:	
DATE:	

Thank you for taking the time to complete this medical questionnaire. The information you have provided will help improve our service to you. All information will remain confidential.

FOR ADMIN USE ONLY:

PROOF OF IDENTITY AND ADDRESS SEEN	Birth Certificate Photo Driving License Paper Driving License Passport Utility Bill	Allowance Book Solicitor's Letter Offer of Tenancy Other:
FORM CHECKED BY:	NAME:	DATE: