

## NEW PATIENT REGISTRATION

Welcome to Cheddar Medical Centre

In order for us to register you as a patient we require you to complete this questionnaire and the purple registration form attached and return it to the Practice as soon as possible. It can often take several weeks for medical records to be forwarded on to us and, should you require an appointment before we receive them, the information you provide us with in the questionnaire will be very useful. Please complete **all** the questions.

In your pack you will also find a Practice Booklet and information on Summary Care Records.

### PREVIOUS GP AND ADDRESS DETAILS

Who is your current Doctor? \_\_\_\_\_

\_\_\_\_\_

Why do you want to move Practices? \_\_\_\_\_

\_\_\_\_\_

### PERSONAL DETAILS

Title	
First Name	
Surname	
Previous Surname	
Date of Birth	
Current Address	
Postcode	
Home Telephone	
Work Telephone	
Mobile Telephone	
E-mail Address	
Ethnic Group	White: British <input type="checkbox"/> Irish <input type="checkbox"/> Other White (please specify) _____ Mixed: White and Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed (please specify) _____ Asian/Asian British: Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> other (please write in) _____ Black/Black British: Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please specify) _____ Chinese/Chinese British <input type="checkbox"/>
First Language	English <input type="checkbox"/> Other (please specify) _____
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>

**LIFESTYLE INFORMATION**

Your current weight -----

Your height -----

**Smoking status:**

- Never smoked
- Current smoker      No of cigarettes per day -----  
    Amount of tobacco per week -----
- Ex-smoker              Previous no of cigarettes per day -----  
    Date given up -----

If you are a current smoker would you like information about giving up?      YES / NO

**Alcohol:** How many units\*, on average, do you drink in a week -----

Please also score yourself from the following questions:

		Score		Score		Score		Score		Score	Your score
How often do you have a drink that contains alcohol?	Never	0	Monthly or less	1	2-4 times per month	2	2-3 times per week	3	4+ times per week	4	
How many standard alcoholic drinks (units*) do you have on a typical day when you are drinking?	1-2	0	3-4	1	5-6	2	7-8	3	10+	4	
How often do you have 6 or more standard drinks on one occasion?	Never	0	Less than monthly	1	Monthly	2	Weekly	3	Daily or almost daily	4	
<b>TOTAL:</b>											

\*Half a pint of regular strength beer, one small glass of wine or a single measure of spirits = 1 unit, extra-strength lager or alcopops = 1.5 units

How much is too much? A total of 5+ indicates hazardous or harmful drinking.

**If you are aged 45 and over:**

Have you had a blood pressure check in the last 5years? If not, perhaps you should consider making an appointment with the Practice Nurse for this purpose.

**WOMEN'S HEALTH (for women under 65)**

Date of last cervical smear -----

- Result of last cervical smear
- Negative
  - Inadequate
  - Abnormal
  - Other
  -

Do you currently use contraception? Yes/No Type -----

**FAMILY MEDICAL HISTORY (if known)**

**I.e. Parents, siblings, grandparents, uncles and aunts. Where appropriate please specify if they are paternal or maternal relatives (maternal meaning on your mother's side and paternal meaning on your father's side of the family).**

	Yes/No	If yes, which member?
Has a family member had a heart attack or heart problems BELOW age 60?	Yes/No	
Has a family member had a stroke BELOW age 60?	Yes/No	
Has either of your parents had a hip fracture?	Yes/No	

Has any family member had the following?

- Diabetes If so, which family member -----
- Osteoporosis If so, which family member -----
- Asthma If so, which family member -----
- High blood pressure If so, which family member -----
- Bowel cancer If so, which family member -----
- Breast cancer If so, which family member -----

**CARING**

**Are you a carer?** Yes/No

If yes, whom do you care for:

Name -----

Relationship -----

Contact tel. -----

**Do you have a carer?** Yes/No

If yes, who is your carer:

Name -----

Relationship -----

Contact tel. -----

Emergency Contact? Yes/No

Can discuss your medical record? Yes/No

Main Carer? Yes/No

## MEDICAL INFORMATION

### Tetanus

When did you have your last tetanus injection? -----

### Allergies

Do you have an allergy? Yes/No

If yes, what are you allergic to? -----

### Current Medication

Do you take any repeat medication? Yes/No

If yes, please list your repeat medicines or attach the right hand side of your prescription listing your medication

Drug Name	Dose	Number per day	Reason for taking, if known

### YOUR INFORMATION - DATA PROTECTION ACT 1998

We collect and hold personal information about you on our computer system and use this to assist in your personal healthcare. As you would expect, this information is kept securely and confidentially and only shared with other healthcare professionals as required in any medical treatment you may be undergoing or with other agencies with your specific, written consent. A leaflet explaining this more fully is available from reception.

### For Office Use Only

Photo evidence of identify checked Yes/No Passport/Driving licence

Evidence of current address checked Yes/No Utility bill/bank statement/rental agreement

Summary Care Record consent Yes/No

**Cheddar Medical Centre**

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## Health Visiting Team

If you have children **under the age of 5** please complete the form below which we will pass to our Health Visiting Team.

### About You

Mother's Name:	Father's Name:
Mother's Date of Birth:	Father's Date of Birth:
Address:	Previous Address:
Home Telephone Number:	Previous GP & GP Address:
Mobile Telephone Number:	
Name of GP (if known):	
Mother's NHS Number:	Father's NHS Number:

### Details of all Children within the family:

Name	Date of Birth	NHS Number



Your emergency care summary

Dear Patient

## Summary Care Record – your emergency care summary

The NHS in England has introduced the Summary Care Record, which can be used in emergency care. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

This practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – you will need to complete and return an opt-out form. These are available to print from the Registration page of our website or from [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk), you can also ask at reception for a copy.

If you need more time to make your choice please let us know.

For more information you can talk to the Patient Advice and Liaison Service (PALS) (0800 0851 067), visit the website ([www.somersetccg.nhs.uk/](http://www.somersetccg.nhs.uk/)) or [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing us.**

*If you do nothing we will assume that you are happy and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.*

Yours faithfully

**Cheddar Medical Centre**