

**PATIENT REGISTRATION - APPLICATION & QUESTIONNAIRE**

**It can take up to 3 months for us to receive your medical records, so please complete as much information as possible to assist us with your care.**

**PERSONAL DETAILS**

SURNAME:		FORENAMES:	
ADDRESS:		HOME TELEPHONE NUMBER:	
POSTCODE:		MOBILE NUMBER:	
DATE OF BIRTH:		OCCUPATION:	
MARITAL STATUS:	ETHNIC ORIGIN:	FIRST LANGUAGE:	

EMAIL ADDRESS:

ALTERNATIVE CORRESPONDENCE/COMMUNICATION NEEDS? EG. BRAILLE / LARGE PRINT / AUDIO TAPE / BRITISH SIGN LANGUAGE

**Please Tick if you wish to opt OUT of text alerts :**

**NEXT OF KIN**

SURNAME:		FORENAME:	
ADDRESS:		TELEPHONE NUMBER:	
POSTCODE:			
RELATIONSHIP:			

<b>FAMILY HISTORY</b>	<b>AGE &amp; STATE OF HEALTH</b>	<b>IF DECEASED – PLEASE STATE AGE &amp; CAUSE OF DEATH</b>
FATHER		
MOTHER		
BROTHERS		
SISTERS		

**PAST MEDICAL HISTORY – OPERATIONS & DATES**

OPERATION:	DATE:

**ANY CURRENT MEDICAL CONDITIONS:**

**HAVE YOU OR ANY CLOSE RELATIVE EVER SUFFERED FROM/WITH:**

	Relative	You		Relative	You
HIGH BLOOD PRESSURE			ISCHAEMIC HEART DISEASE		
THYROID DISEASE			BREAST CANCER		
DIABETES			COLONIC CANCER		
HEART DISEASE			GLAUCOMA		
OSTEOPOROSIS			ASTHMA		

STROKE				
<b>WOMEN ONLY</b>				
TYPE OF CONTRACEPTION USED:				
DATE OF LAST CERVICAL SMEAR:				
(OR) DATE OF HYSTERECTOMY:				
<b>MEN &amp; WOMEN IMMUNISATIONS</b> APPROXIMATE DATE OF LAST : (if known)				
TETANUS:				
POLIO:				
INFLUENZA:				
PNEUMOCOCCAL:				
<b>ALCOHOL</b> HALF A PINT OF BEER <u>or</u> ONE GLASS OF WINE <u>or</u> ONE MEASURE OF SPIRITS = 1 UNIT				
HOW MANY UNITS DO YOU DRINK PER WEEK:				
<b>SMOKING</b> HOW MANY OF THE FOLLOWING DO YOU SMOKE PER WEEK:				
PIPE TOBACCO (OUNCES)				
CIGARS				
CIGARETTES				
<b>ALLERGIES</b>				
ARE YOU ALLERGIC TO ANYTHING?				
<b>CARERS</b>				
DO YOU LOOK AFTER SOMEONE?				
DOES SOMEONE LOOK AFTER YOU?				
<b>ARMED FORCES</b>				
ARE YOU CURRENTLY SERVING IN THE UK ARMED FORCES (INCLUDES RESERVISTS OR PART TIME SERVICE)?				
HAVE YOU EVER SERVED IN THE UK ARMED FORCES?				
ARE YOU A MEMBER OF A CURRENT OR FORMER SERVICEMAN OR WOMAN'S IMMEDIATE FAMILY/HOUSEHOLD?				
<b>YOUR NEW PATIENT CHECK</b>				
WHEN YOU ATTEND FOR YOUR NEW PATIENT CHECK PLEASE BRING THE FOLLOWING WITH YOU:				
ALL CURRENT MEDICATION				
FRESH URINE SPECIMEN				
PHOTO IDENTIFICATION				
<b>NOTE:</b> Repeat prescriptions can only be issued 5 working days <b>after</b> your new patient check. Please ensure you attend this appointment, allowing at least the minimum of 5 days before you require additional medication.				

FAST Questionnaire

Patient Name:

(1 drink = / pint of beer or 1 glass of wine or 1 single spirits)

<p>MEN: How often do you have EIGHT or more drinks on one occasion? WOMEN: how often do you have SIX or more drinks on one occasion?</p>	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
<p>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p>	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
<p>How often during the last year have you failed to do what was normally expected of you because of drinking?</p>	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily
<p>In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?</p>	<input type="checkbox"/> No		<input type="checkbox"/> Yes, on one occasion		<input type="checkbox"/> Yes, on more than one occasion

Woodchurch Surgery has the facility to use the following methods to contact you by SMS Text Message to your mobile phone.

These may be used to notify you about:

- Changes to your booked appointment
- National issues such as Flu pandemics
- Practice being closed due to unforeseen circumstances
- Cancelled clinics including GP, Nurse and Health Care Assistant
- Other notifications the practice deem necessary to your health care provision

If you are happy for the GP Practice to contact you by these means please sign below,

Title ..... Patient Name ..... Date of Birth .....

E-mail .....

Mobile telephone .....

Patient signature ..... Date .....

**Disclaimer**

If you agree to the GP Practice contacting you via your mobile phone, the GP Practice agrees to adhere to the following:

- The mobile phone number will only be used by the GP Practice and will not be passed to any other parties.
- If at any time you would like to stop using either of the above services, please make a personal request to the GP Practice and you will be opted out of this within 48 hours.
- If you decide to opt out, please tell us why you do so, to help us review and improve our services.
- Your mobile phone number will solely be used by the GP Practice in relation to the healthcare services offered by the GP Practice. You will not be contacted in relation to any other types of products or services.
- No personal details will be included in the message to identify you.
- Whilst the GP Practice will regularly check your telephone numbers with you, please be aware that the onus of keeping your contact details current with the practice rests with you.