

NEW PATIENT INFORMATION FORM

Date _____

Surname _____ First Name(s) _____

Full address _____

Tel. No. Home _____ Work _____

Mobile Phone Number _____ email address _____

Marital status _____ Date of birth _____

Country of origin _____ Sex _____

Occupation _____

Next of Kin _____

Are you a Carer? *Yes/no*

Do you have a Carer? *Yes/no*

Summary Care Record

Do you agree to have a Summary Care Record **Yes/No**

I have received information on the Summary Care Record previously **Yes/No**

If answer is "No" – please ask for information from Reception

Height/Weight (if known): Height Weight

Do you suffer from or have you received treatment for any of the following:

Heart Disease/Stroke *Yes/no* Epilepsy *Yes/no*

Raised Blood Pressure *Yes/no* Cancer *Yes/no*

Diabetes *Yes/no* Thyroid problems *Yes/no*

Asthma *Yes/no* Depression/Mental health problems *Yes/no*

COPD/Lung Disease *Yes/no*

Other Illnesses – Please specify below

.....

What medicines are you taking? Please provide repeat prescription request or empty packaging where your details are clearly visible

.....

.....

Are you allergic to Penicillin? *Yes/no*

Have you any other allergies? If so please list below

.....

Has anyone in your family been diagnosed/treated for any of the following:

Diabetes Yes/no which family member.....

Stroke Yes/no which family member.....

Heart disease Yes/no which family member.....
(heart attack,angina,bypass surgery)

Smoking

You may be aware that smoking is damaging to your health and is of particular concern for patients with circulatory illnesses.

Have you ever smoked? Yes/ No

I have given up smoking (date)

I smokecigarettes/cigars/pipes per day

The doctors strongly advise that you stop smoking. If you require further advice on smoking cessation, please ask at Reception.

Blood Pressure:

Have you had your B/P checked within last 12 months Yes/ No

If Yes have had B/P checked please indicate result if known

Do you take unprescribed Aspirin on a daily basis you have purchased at the chemist? Yes/No

Alcohol Consumption:

1 Drink = 1 Unit

Questions	Score 0	Score 1	Score 2	Score 3	Score 4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly Or less	2-4 times Per month	2-3 times Per week	4+ times Per week	
How many standard alcoholic drinks to you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

VACCINATIONS

Please list below vaccinations and dates given:

.....
.....

Please provide copies of children's past immunisation records

FOR FEMALE PATIENTS ONLY

At time of registration – are you pregnant *Yes/no*

Have you had any children? *Yes/no* give ages _____

Have you had a miscarriage? *Yes/no* date _____

Have you had a termination of pregnancy? *Yes/no* date _____

Have you had a hysterectomy? *Yes/no* date _____

Which method of contraception are you using at present?

When was your last smear test? _____

Thank you for completing this form. If you would like a health check, then please make an appointment to see our Health Care Assistant.

I confirm that I reside at the address stated above and am a UK resident (entitled to be in the Country and living for most of the year within the Practice's catchment area).

.....
Patient Signature

ETHNICITY AND LANGUAGE

We would very much appreciate your cooperation in completing the following information which will enable the Department of Health and the Practice to assess the health needs of the population and address any inequalities. **PLEASE CIRCLE THE CORRECT ANSWER TO EACH AREA**

Ethnicity

White

- A. British
- B. Irish
- C. Any other white background

Mixed

- D. White and Black Caribbean
- E. White and Black African
- F. White and Asian
- G. Any other mixed background

Asian or Asian British

- H. Indian
- J. Pakistani
- K. Bangladeshi
- L. Any other Asian background

Black or Black British

- M. Caribbean
- N. African
- P. Any other Black background

Other Ethnic Groups

- R. Chinese
- S. Any other ethnic group
- Z. Not stated

Language (for children mothers language)

012 ENGLISH

- | | |
|---------------------------------|-----------------------------|
| 001 Akan (Ashanti) | 002 Albanian |
| 003 Amharic | 004 Arabic |
| 005 Bengali & Sylheti | 006 Brawa & Somali |
| 007 British Sign Language | 008 Cantonese |
| 009 Cantonese and Vietnamese | 010 Creole |
| 011 Dutch | |
| 013 Ethiopian | 014 Farsi (Persian) |
| 015 Finnish | 016 Flemish |
| 017 French | 018 French Creole |
| 019 Gaelic | 020 German |
| 021 Greek | 022 Gujarati |
| 023 Hakka | 024 Hausa |
| 025 Hebrew | 026 Hindi |
| 027 Igbo (Ibo) | 028 Italian |
| 029 Japanese | 030 Korean |
| 031 Kurdish | 032 Lingala |
| 033 Luganda | 034 Makaton (sign language) |
| 035 Malayalam | 036 Mandarin |
| 037 Norwegian | 038 Pashto (Pushtoo) |
| 039 Patois | 040 Polish |
| 041 Portuguese | 042 Punjabi |
| 043 Russian | 044 Serbian/Croatian |
| 045 Sinhala | 046 Somali |
| | 048 Spanish |
| 049 Swahili | 050 Swedish |
| 051 Sylheti | 052 Tagalog (Filipino) |
| 053 Tamil | 054 Thai |
| 055 Tigrinya | 056 Turkish |
| 057 Urdu | 058 Vietnamese |
| 059 Welsh | 060 Yoruba |
| 200 Other (Please State): _____ | |