The Vale Surgery

New Patient Registration Form (Adult: 16 and over)

1. Complete a separate form for each family member to be registered
2. Complete in BLOCK CAPITALS and tick the boxes as appropriate

1				
	Full Name:			**Date of Birth:**
	Title : ☐ **Mr**	☐ **Mrs**	☐ **Miss**	☐ **Ms**	**Gender:** ☐ **Male** ☐ **Female** ☐ **Other.** *Please state* :
	Other. *Please state* :			**Marital Status:**
	Mobile tel. number: We will use this to send appointment reminders and health promotion details. Please tick here to give your consent for this: ☐			**Maiden name / Mothers name if different:** **Current Address:**
	Work tel. number:			**E-mail address:**
	Next of Kin: **Relationship to Patient:**			**Next of Kin contact tel. number:**
	Please indicate your consent of contact method: ☐ **Letter** ☐ **Email** ☐ **SMS (text)** ☐ **Phone**			
	Town* and Country of birth **(*If town is London please state which Borough)**	**Country:** **Town:**		**Borough (*If born in London):**
	Please list other relatives of your home who are registered with us:			
	Relationship:	**Name:**		**Date of Birth:**

2	**Looking After Someone**	
	Are you looking after someone? Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.	☐ Yes ☐ No
	Is someone looking after you? Let us know if a family member, friend or neighbour looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the practice.	☐ Yes ☐ No
	Carer's name :	**Relationship to you:**
	Address of carer :	
	Telephone number of carer :	

3	**Are You Currently Employed?**		
If so please specify whether :	☐ **Full-time**	☐ **Part-time**	☐ **Self-employed**
If you are not employed, please indicate which best describes you:			
☐ **Retired** ☐ **Student**	☐ **Housewife/ Homemaker/House husband**		☐ **Unemployed**
☐ **Other** ***Please state***:			
If returning from the Armed Forces please state which below:	**Comments:**		
☐ **Army**	☐ **Royal Navy**	☐ **Royal Air force**	

4					
Your Religion (Please tick) (*PS=please state)	☐ C of E	☐ Catholic	☐ Other Christian *PS__________	☐ Bhuddist	☐ Hindu ☐ Muslim
	☐ Sikh	☐ Jewish	☐ Jehovah's Witness	☐ No religion	☐ Other religion *PS____________
Your Ethnic Origin (Please tick one)	☐ White (UK)	☐ White (Irish)	☐ White (Other)		
☐ Black Caribbean/British	☐ Indian/British Indian	☐ Arabic	☐ Other Mixed Background		
☐ Black African / British	☐ Pakistani ☐ British Pakistani	☐ Chinese	☐ Other Asian Background		
☐ Other Black Background	☐ Bangladeshi / British Bangladeshi	☐ Other	☐ Ethnic Category Refused		
What is your main spoken language? **Do you speak English?** Yes ☐ No ☐		**Do you need an Interpreter?** Yes ☐ No ☐			
Do you need help with mobility/hearing/speaking? (tick all that apply)					
☐ Wheelchair	☐ Walking aid	☐ Hearing aid	☐ British sign language (BSL)	☐ Makaton sign language	
☐ Lip reading	☐ Large print	☐ Braille	☐ Other *PS ___________________________________		
Are you currently?	Homeless ☐	A Refugee ☐	An Asylum Seeker ☐		
Are you housebound?	Yes ☐ No ☐	Comments:			

5	Diet and Exercise	What type of diet do you have?
	How much exercise do you do?	☐ Normal diet
	☐ Exercise physically impossible	☐ Vegetarian diet
	☐ Enjoys light exercise	☐ Vegan
	☐ Enjoys moderate exercise	☐ Low fat diet
	☐ Enjoys heavy exercise	☐ Weight reducing diet

Please enter your height in		Please enter your weight in	
Feet / inches:	**cm:**	**Kilos/grams:**	**Stones / lbs:**

6	Lifestyle			
	Are you currently a smoker?	☐ Yes	☐ No	If you smoke, how many Cigarettes / Cigars / Tobacco do you smoke in a day?
	Have you ever been a smoker?	☐ Yes	☐ No	
	If you are a smoker and want to STOP please tick here: ☐			

Alcohol Alcohol consumption is measured in units, which is explained in the diagram below.

This is **one unit...**

- Half pint of regular beer, lager or cider
- One very small glass of wine
- One single measure of spirits
- One small glass of sherry
- One single measure of aperitifs

...and each of these is **more than one unit...**

- A pint of regular beer, lager or cider — 2
- A pint of premium beer, lager or cider — 3
- Alcopop or a can/bottle of regular lager — 1.5
- 440ml can of premium lager or strong beer — 2
- 440ml can of super strength lager — 4
- 175mm glass of wine — 2
- Bottle of wine — 9

Please have a look at the above diagram and then answer the questions on the next page.

Total AUDIT Score (Questions 1 – 10):

Questions about your Alcohol Consumption	Scoring System					Your score
	0	1	2	3	4	
1. 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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
3. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. 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?	N/A	NO	YES, ON ONE OCCASION	YES,ON MORE THAN ONE OCCASION		

7 Your Medical Background

Are there any serious diseases that affect your parents, brothers or sisters?
Tick all that apply *and* state family member:

☐ **Diabetes** Who:	☐ **Asthma** Who:	☐ **Thyroid disorder** Who:	☐ **Stroke** Who:	☐ **COPD** Who:
☐ **Heart Attack** under age of 60 Who:	☐ **Cancer** (Specify type) Who:	☐ **High Blood pressure** Who:	Any other important family illness. Please state:	Who:

Please state any allergies and sensitivities you have to medicines, food & dressings:	
Please state any mental disabilities you have:	

Are you able to administer your own medicines?	☐ Yes ☐ No	***If no*** please give details, e.g. swallowing or opening containers:

What long term medical conditions have you had?	Date of Diagnosis:
What operations or serious injuries have you had?	Date of operations or injuries:

Please list any tablets, medicines or other treatments you are currently taking / undertaking:

We can now send your prescriptions electronically to the pharmacy of your choice. If you would like us to do this, please give the name and location of the pharmacy here:

8	**Women Only**	What is the date of your last ***Smear test***?	Date:	Result:
	Was this at your GP Surgery?	☐ Yes ☐ No	Date of last ***Mammogram*** (if applicable):	
	Number of ***pregnancies*** (include miscarriages & terminations) (If applicable)			
	Do you wish to see a doctor in this Practice for contraceptive services (including the pill, coil or cap)?			☐ Yes ☐ No

9	**Sharing Your Medical Record**
	Medical Record Sharing allows your complete GP medical record to be made available to authorised healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record. **If you don't want to share your GP record tick here:** ☐
	Summary Care Record contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. **If you don't want to have a Summary Care Record tick here:** ☐

10	**Patient Participation Group (PPG)**	
	The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. If you are interested in getting involved in the PPG, please tick yes in the box below and we will contact you with further details.	
	Yes I am interested in becoming involved in the PPG ☐	***No*** I am not interested in becoming involved in the PPG ☐

11	**Online Services**	
	You can now do the following online or via the SystmOnline app: • Book and cancel appointments, order repeat prescriptions, view your Detailed Medical Record. IT WILL BE YOUR RESPONSIBILITY TO KEEP YOUR LOGIN DETAILS AND PASSWORD SAFE AND SECURE. IF YOU KNOW OR SUSPECT THAT YOUR RECORD HAS BEEN ACCESSED BY SOMEONE THAT YOU HAVE NOT AGREED SHOULD SEE IT, THEN YOU SHOULD CHANGE YOUR PASSWORD IMMEDIATELY.	
	Yes I'd like to register for online services ☐	***No*** I don't want to register for online services ☐

12	**Signature**	**Date:**
	Patient signature:	Signature if signing on behalf of patient: