

NORTH PETHERTON SURGERY

NEW PATIENT REGISTRATION QUESTIONNAIRE

Welcome to North Petherton Surgery. We would be very grateful if you could complete this important health questionnaire as fully as possible. Your medical records may take a while to arrive so it is very helpful for us to have this questionnaire returned as soon as possible.

We offer all our patients a health check and if you would like one please make an appointment with our practice nurses. If you are on regular medication, you will be asked to see the Doctor for a review.

PERSONAL DETAILS

Title.....

First Name(s).....

Surname.....

Previous Surname.....

Date of Birth.....

Current Address.....

.....

Post Code.....

Home Telephone Number.....

Work Telephone Number.....

Mobile Telephone Number.....

E Mail address.....

Next of Kin.....

LIFESTYLE INFORMATION

Smoking status, please delete as appropriate.

- 1. Never smoked
- 2. Current smoker No. of cigarettes per day.....
- 3. Ex-smoker No. used to smoke per day.....
- Date given up.....

If you would like advice on the stop smoking service please contact one of our practice nurses.

Alcohol Consumption

How many units of alcohol do you drink per week?units
 (One unit is ½ pint of beer or 1 glass of wine/spirits)

Height.....

Weight.....

ALLERGIES

Do you have any allergies?

If yes, please list below

.....

CURRENT MEDICATION

Do you take regular medication?

If yes, please list below your medicines or attach the right hand side of your prescription.

Drug name	Dose	Last prescribed
-----------	------	-----------------

.....

MEDICAL HISTORY

Do you suffer from any of the following conditions? (please tick)

- Coronary Heart Disease
- COPD or chronic chest problems

Hypertension (High Blood Pressure)
Asthma
Epilepsy
Thyroid problems
Diabetes
Cancer
Ongoing mental health problems
Other

Have you had a stroke? When?

FAMILY MEDICAL HISTORY

(i.e. parents, brothers, sisters)

Has a family member had a heart attack or heart problems under the age of 60?

If yes, which member?

Has a family member suffered a stroke under the age of 60?

If yes, which member?

WOMENS HEALTH

We provide a full range of free contraceptive services. Please feel free to discuss any contraceptive problems with a Doctor or nurse.

CARING

Are you a Carer?.....

If yes, who do you care for.....Name.....
Relationship

Contact tel no.....

Do you have a Carer?

If yes, who is your Carer?Name.....
Relationship.....
Contact tel no.....

Are you aware that there is a Carer Support Worker?

We can arrange for you to be contacted by them, is this something you would find beneficial?.....

For patients with access to a computer, we offer Online Access. This enables you to order repeat prescriptions and book appointments online. If you would like to sign up for this service then please sign below and personal online access log-in information will be sent to you as soon as you have been registered.

.....

The surgery has a patient participation group (PPG) who work closely with the practice helping to shape the services and facilities available to patients. If you would be interested in coming along to a meeting please contact the Practice Manager on 01278 662223.

Thank you for your time. You will be registered with one of the Partners as your named GP, however you are free to book an appointment with any GP at the practice before your patient record arrives from your previous surgery.

More information on the practice can be found in our surgery brochure or online at www.northpethertonsurgery.com

DATA PROTECTION ACT 1998 and GDPR 2018

We collect and hold personal information about you on our computer system and use this to assist in your personal healthcare. This information is kept securely and confidentially and only shared with other health professionals as required in any medical treatment you may be undergoing or with other agencies with your written consent. A leaflet regarding data protection can be found in the waiting room.