



New Patient Registration Questionnaire Form

Please post or hand in to your chosen surgery

Please do not email or fax this document.

Patient Details

Title Mr Mrs Miss Ms Other..... First Name

Surname Date of Birth

Home Tel. No. Yes No Preferred Can we contact you on these numbers & which is your preferred contact no.?

Mobile Tel. No. Yes No Preferred

Email Consent to contacting you by email? Yes No

Would you like to register for SystmOne Online, allowing you to book appointments online? Yes No * Photo ID Required.

Do you consent to receiving text message appointment reminders on your mobile phone? Yes No * Mobile Number Required

Do you have a preference of GP* you wish to register with?

*It may not always be possible to provide appointments with this GP and you will be offered an appointment with an alternative GP.

Ethnicity and Residency

Following the recommendations of the Commission for Racial Equality and the Race Relations Act, please indicate your ethnic origin and main spoken language. - Please tick the most appropriate or complete other if necessary.

A White British Irish Other:

B Mixed White & Black Caribbean White & Black African White & Asian Other:

C Asian or Asian British Indian Pakistani Bangladeshi Other:

D Black or Black British Caribbean African White & Asian Other:

E Chinese or other Ethnic Group Chinese Other: I do not wish to specify my ethnic origin.

Please specify your main spoken language

Do you speak English? YES NO

Have you ever been a member of the HM Armed forces? YES NO

Your Health and Your Family History

	You (tick if yes)	Your Family (details)	If yes, what age?
Asthma			
Stroke			
Heart Disease			
Diabetes			
COPD			
High Blood Pressure			
Cancer			
High Cholesterol			

Do you have any known allergies?

Do you consider yourself to have a disability?

Continued overleaf

Lifestyle

Are you a Smoker? No, never

Ex-Smoker When did you quit?

Yes, how many per day?..... Would you like a referral to Quit Smoking? Yes No

Next of Kin

Next of Kin (optional) Relationship to you

Next of Kin Address

Contact Tel. No.

Medical Record Sharing and your Options

Have you received a copy of our leaflet about 'Record Sharing'? Yes No

Alcohol Assessment

Questions in relation to the past year	Please circle your answer				
How often do you have an alcoholic drink?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4 or more times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10 or more
How often do you have 6 or more units on a single occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you needed an alcoholic drink in the morning, after drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you felt guilty after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often have you been unable to remember what happened the night before as a result of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or anybody else been injured as a result of you drinking?	No		Yes, but not in the last year		Yes, during the last year
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Are you a Carer? YES/NO

Patient Declaration

To the best of my knowledge, all the preceding answers and information provided are true and correct.

Signature

SIGNATURE REQUIRED

Print Name

Date

Please hand in or post your form to your chosen surgery:

Derby Road Health Centre
336 Derby Road, Lenton,
Nottingham NG7 2DW

Grange Farm Medical Centre
17a Tremayne Road, Bilborough,
Nottingham NG8 4GQ

How did you hear about us?

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All information is kept completely confidential. Thank you for completing our questionnaire.