New Patient Registration Form

We need to make sure we have all the important contact information and health information for you to register. We also need to make sure you see the best health care professional for your conditions

Please complete the following and **PRINT CLEARLY**

about you

Title (Mr/Mrs/Ms/Miss/Other)	**Gender: Male**	**Female**
Surname	**Previous Surnames (if any)**	
Forename(s)		
Date of Birth	**Place of Birth**	
Current Address		
Home Tel	**Mobile Tel**	**Work Tel**
Do you consent to us sending you appointment confirmation and reminders Y N		
Email Address		
Previous UK Address		
Name & Address of previous GP		
If returning from Armed Forces: **Service Number:**		**Enlistment Date:**
Next of Kin (who we can contact in an emergency)		
Name	**Contact Number**	
Relation to you		

What is your Ethnic Background?				
What is your MAIN Spoken language?				
Do you require an interpreter? Y		**N**		
Are you a Carer Y	**N**		**I am a Cared for Y**	**N**
Name of Carer:		**Telephone:**		
Preferred Local Pharmacy where scripts are to be sent?				

Summary Care Records - Are an electronic record of your medications and allergies that can be accessed (with your consent) in the event of an emergency (for example at an A&E Department). If you wish to opt out of having a SCR, you will need to ask for a form at reception to complete.

Sharing Information with other clinical services - Would you like to make your record shareable to other clinical services, i.e. Walk-In Centres, that may care for you in the future or the services that are currently taking care of you, i.e. Nursing Team? **YES / NO**

Would you be happy for information recorded by other clinical services to be shared with us? **YES / NO**

Named GP - Any of our GP Partners can be your named allocated GP, this does not prevent you from seeing any GP in the practice as you currently do.

Accessible Information – Please let us know if you require information in a different format, large print or easy read. Interpreting services, including British Sign Language are available to book to assist your consultation.

Health Questionnaire	
Height:	**Weight:**
Do you smoke? **Y N**	If Yes, Cigarettes per day: Tobacco per day:
Never Smoked	Ex-Smoker
DO YOU WANT HELP TO STOP SMOKING? **Local pharmacies offer a stop smoking service, and can be accessed directly**	
How many units / drinks of alcohol do you drink per week?	
How often would you drink more than **8** units for a man / **6** units for a woman **Daily 2- 3 Times per week Weekly Monthly**	
How often would you have a drink of alcohol **Daily 2- 3 Times per week Weekly Monthly**	

***A standard drink (unit) of alcohol (around 10mls or 8g) is contained in:**
- **A small (125ml) glass of standard strength wine (12%)**
- **A single (25ml) pub measure of spirits**
- **Half a pint of normal strength beer or lager**

Planning Your Care at Woodlands Park Health Centre

We want to make sure from the first visit you see the most appropriate person to help you manage your health problems.

To help us plan your care more effectively, please take a look through the list and mark any which apply to you. If you have any questions, please ask our reception team.

Do you have any of the following?

Asthma ☐
Diabetes ☐
COPD/ Chronic Bronchitis ☐
Hypertension\ High Blood Pressure ☐

Do you require any of the following?

Contraception ☐
Travel immunisations ☐

Our *Nursing Team* manages these chronic conditions and problems including reviews.

Clinics are held Monday – Friday
Appointments are available from 08:30am and last appointments are at 17:30
[Monday, Tuesday, Thursday]

We invite all patients to attend a ***New Patient Health Check*** with our Health Care Assistant. This will include weight, height, Blood Pressure and lifestyle checks.

Please tick and our reception team will arrange this for you ☐

Patient (or on behalf of Patient) Signature: **Date**

Admin Use Only

ID checked by _____ **Details of ID Seen** _____ _____