**NEW PATIENT QUESTIONNAIRE – ALL DETAILS NEED TO BE COMPLETED BEFORE REGISTRATION**

It would be helpful if you could provide us with a little background medical information. This will allow us to update your medical record. Please ensure you **complete all fields**.

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| --- | --- | --- | --- | --- | --- | --- |
| Forename: | | | | Surname: | | Email: |
| Current Address: | | | | Previous address: | | Mobile number:  Landline number: |
| Date of birth: | | | | NHS number (if known) | | Have you been a patient here before?  YES or NO  (PLEASE CIRCLE) |
| Town of birth: | | | | Country of birth: | |
| MISS / MRS / MS / MR / MASTER / OTHER  (PLEASE CIRCLE OR STATE OTHER) | | | | | | MALE / FEMALE  (PLEASE CIRCLE) |
| **IF UNDER 16 PLEASE GIVE:** | | | | | | |
| Name of Parent / Guardian:  Mothers name:  Fathers name:  Guardians name and relationships to the patient: | | | | | **Please provide a copy of immunisations for anyone under the age of 15** | |
| Name of School / College currently attending: | | | | | | |
| **SMOKING STATUS** | | | | | | |
| Smoker  Ex-smoker  Never smoked |  | If you would like any advice about stopping smoking, please see our nurse or visit www.smokefree.nhs.net you may also visit www.nhs.uk/changeforlife | | | | |
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|  |
| Please help us by providing:  Weight -  Height - | | | **LANGUAGE** | | | |
| First language spoke:  Second language spoken if applicable:  Date you entered this country (if you have been registered with a GP before) | | | |
| Do you need an interpreter?  **YES** or **NO** | | |

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| **DO YOU HAVE A CARER OR ARE YOU A CARER FOR SOMEONE?** | | | | |
| Do you look after someone with health needs at home?  **YES** or **NO**  If yes, please state who:  Please ask reception for a carers leaflet. | | Do you need someone to look after your health needs at home?  **YES** or **NO**  If yes, who looks after you?  What relation are they? | | |
| Do you need alternative correspondence format such as brail, large font or audio tape? | | | | |
| **ETHNICITY**  How would you classify your ethnic origin?  (If you would prefer not to say please leave blank) | | | | |
| White  White British  White Irish | Asian or Asian British  Indian  Pakistani  Bangladeshi  Other: | | Black  Black British  Black Caribbean  Black African  Other: | Chinese  Vietnamese  North African Arab / Iranian  Mixed  Other: |
| Please provide us with the name and address of your previous GP: | | | **Sharing medical records**  Are you happy with your medical records being shared with other health services if required?  YES or NO  Would you like to be part of our patient participation group?  YES or NO | |
| **ORGAN DONOR STATUS** | | | | |
| To check your organ donor status please visit:  www.organdonation.nhs.net/helping-you-to-decide/about-your-choices/  or call:  03001232323 | | | | |
| SIGNED | | | DATED | |