**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**  |
| SmokerEx-smokerNever 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) |
| WhiteWhite BritishWhite Irish | Asian or Asian BritishIndianPakistaniBangladeshiOther: | BlackBlack British Black CaribbeanBlack AfricanOther: | ChineseVietnameseNorth African Arab / IranianMixed 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 NOWould 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 |