**PENN SURGERY**

2a Coalway Road

Penn, Wolverhampton

West Midlands. WV3 7LR

***Surgery Telephone: 01902 333408 Website: www.pennsurgery.co.uk***

**New patient registration/Health questionnaire**

To register with the Practice this questionnaire MUST BE completed as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. There is a requirement for patients to attend a new patient assessment with the Health Care Assistant**.**

| Full Name  |  |
| --- | --- |
| Address |  |
| Postcode |  | Date of birth |
| Home Tel No. |  | Mobile Tel No.  |
| Email  |  |

| Next of kin |  |
| --- | --- |
| Relationship to you |  |
| Contact No.  |  |

| Occupation |  |  |
| --- | --- | --- |
| Height  |  | Weight |

**\*FOR PRACTICE USE ONLY**

| Proof of ID seen (passport / driving license /other) |  |
| --- | --- |
| Proof of address seen (utility bill / statement/other)  |  |

Staff initials ……………………………………….

***Smoking***

| Do you smoke? | Yes / No | If yes how many per day?Cigarettes ………………….. Cigars……………..Tobacco ……………………... (ounces) |
| --- | --- | --- |
| Ex - Smoker | Yes/No |

***Alcohol***

**This is one unit of alcohol…**

****

**…and each of these is more than one unit**

****

**AUDIT – C**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times per month | 2-3 times per week |  4+ 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 – 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

***Family History***

Is there any of the following in your family (father, mother, brother, sister) **under 65yrs**?

| Heart Disease? (heart attacks, angina) Yes / No | If yes which family member? |
| --- | --- |
| Stroke? Yes / No |  |
| Cancer? Yes / No  |  |

***Carers***

| Do you have anyone who looks after you or your daily needs as a Carer?  | Yes / No | (Please give Carers name & contact number if you are happy for this information to be added to your record) |
| --- | --- | --- |
| Do you care for any-one else?  | Yes /No |  |

***Ethnicity***

***Please tick which ethnic 2001 census group you feel you belong to:***

***WHITE***

 ( ) White British ( ) Irish

 ( ) other white background

***MIXED***

 ( ) White & Black Caribbean

 ( ) White & Black African

 ( ) White & ( )Other mixed background

**ASIAN OR ASIAN BRITISH**

( ) Indian or British Indian ( ) Pakistani or British Pakistani

( ) Bangladeshi or British Bangladeshi ( ) other Asian background

***BLACK OR BLACK BRITISH***

 ( ) Caribbean ( ) African

 ( ) other Black background

***OTHER ETHNIC GOUPS***

( ) Chinese ( ) Kosovan

( ) Irish Travellers

( ) Gypsy/Romany ( ) Other - please state ………………………………………

***What religion do you practice?***

 ( ) Christian(including C of E, Catholic, Protestant and other Christian faiths

 ( ) Buddist ( ) Hindu

 ( ) Jewish ( ) Muslim

 ( ) Sikh ( ) None

 ( ) Other please state ………………………………………………………………………………………………………………………………………………………….

***What is your preferred Language?***

English ( ) ( ) Punjabi

Spanish ( ) ( ) Hindi

Bengali ( ) ( ) Urdu

Cantonese ( ) other (please state) ………………………………………………………

***Spoken / Visual***

Mirpuri ( ) Pashto ( )

Sylheti ( ) British Sign Language ( )

| Do you require an interpreter? | Yes / No | (*Please state which language*)  |
| --- | --- | --- |

**Named Accountable GP**

Every patient at our practice has a named accountable GP who is responsible for their overall care at the practice.  Unless you are told otherwise, this is the GP you are registered with, but this does not stop you from seeing any other GPs at the surgery. ***Your named GP is Dr. I Martin***

**Patient Agreement for On-line Access**

This will enable you to book appointments or order medication online and also see a summary of your care record. I have understood and will adhere to the practice policy for the use of on-line booking. I understand that failure on my part to adhere to the policy may result in my on-line booking registration being terminated. I understand that this will in no way affect my registration with the practice

*Patient Name…………………………………………………………………Signature………………………………………..*

**Permission to View Your NHS Summary Care Record**

 Your Summary Care Record contains information from your health record such as your current prescription, allergies and any bad reactions to medication you have had in the past. It will also include your name, address, date of birth and your unique NHS Number to help identify you correctly.

Clinicians involved in providing care to you would like to view your Summary Care Record in order to provide the best possible care for you from the most up to date information available.

*Only the clinician involved in your care will be able to access your Summary Care Record*. Whenever your record is accessed their details will be recorded should you wish to question this at any point in the future.

You can change this permission at any point just by informing reception

I give permission for a clinician to access my Summary Care Record:

*Patient Name……………………………………………………………… Signature ………………………………………*

**Mjog Text Messaging Services**

The GP Practice will on occasion wish to send either a SMS Text Message to your mobile phone OR SMS Voice Messageto notify you of any or all of the following

| Confirmation of your booked appointment | Changes to your booked appointment |
| --- | --- |
| National Issues such as Flu Pandemics | Practice being closed due to unforeseen circumstances |
| Other notifications the practice deem necessary to your health care provision |

*Disclaimer:*

*If you agree to the GP Practice contacting you via your mobile or fixed landline number, the GP Practice agrees to adhere to the following:*

1. *The mobile phone number or fixed land line number will only be used by the GP Practice and will not be passed to any other parties.*
2. *2 If at any time you would like to opt out of any of the above services, please make a personal request to the GP Practice and you will be opted out of the service within 48 hours. You may also like to include your reason for opting out to help us review and improve the service in the future.*
3. *Your mobile number will solely be used by the GP Practice in relation to the healthcare services offered by the GP Practice. You will not be contacted in relation to any other types of products or services.*

*Patient Name……………………………………………………………… Signature ………………………………………*

**Penn Surgery Patient Participation Group (PPG) Application Form**

*We need your voice - We are seeking patients of all ages to join our PPG*

Come along and give your views in a friendly discussion with other patients on the services provided by the Practice. This is needed by the Practice to ensure that your voice is heard and you can make a difference. Our PPG is chaired and run by a patient, and is supported by practice staff. If you are registered at this practice and would like to offer your experience as a patient, please complete the details below

| Full Name  |  |
| --- | --- |
| Address |  |
| Postcode |  | Date of birth |
| Home Tel No. |  | Mobile Tel No.  |
| Email  |  |

Patient Signature ……………………………………………………………….…………. Date ……………………………

***Thank you for completing this questionnaire. The practice will process this new registration and will contact you in the next 2 working days to confirm and book you a `new patient appointment` with our HCA (Health Care Assistant) to complete your registration.***