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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Adult |  | | | | | | | | | | | | | | | | |
| Surname |  | | | | | | | | | | | | | | | | |
| Forenames |  | | | | | | | | | | | | | | | | |
| Date of Birth |  | | | | | | | | | Male | | | | | | | Female |
| NHS No |  | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | |
| Telephone Number | Home: | | | | | | | | | | Mobile: | | | | | | |
| Email Address |  | | | | | | | | | | | | | | | | |
| First language | English Speaker Yes or No | | | | | | | | | | | | | | | | |
| **Ethnicity** please circle  If other ethnicity, please enter in this space: | White British | | | White Irish | | | | | White/other | | | | | White traveler | | | |
| Black African | | | Black Caribbean | | | | | White/Black African | | | | | White/Black Caribbean | | | |
| Other Black | | | Pakistani | | | | | Bangladeshi | | | | | Indian | | | |
| Chinese | | | Arab | | | | | Other Asian | | | | | Mixed ethnicity | | | |
| Polish | | | Romanian | | | | | Latvian | | | | | Other Baltic | | | |
| Nationality |  | | | | | | | | | | | | | | | | |
| Marital Status |  | | | | | | | | | | | | | | | | |
| Place of birth |  | | | | | | | | | | | | | | | | |
| Military Veterans | Info: we are trying to identify patients who have a veteran status. A Military veteran is defined as someone who has served at least one day in the UK armed forces. | | | | | | | | | | | | | | | | |
| Please circle as appropriate | Royal Navy | | Royal Marines | | | | | British Army | | | | | | | Royal Air Force | | |
| Period served | From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Medical History | Please report any ongoing medical problems you may have i.e. high blood pressure, heart disease, asthma, depression etc. | | | | | | | | | | | | | | | | |
| Medical conditions | Asthma | | | | | | Diabetes | | | | | | Thyroid disease | | | | |
| *Note any other conditions not listed in the next section* | Hypertension | | | | | | Epilepsy | | | | | | Heart disease | | | | |
| BMI | Height meters | | | | | | | | | | Weight kgs | | | | | | |
| Operations or other important conditions  or illnesses i.e. TB, HIV and Hepatitis status |  | | | | | | | | | | | | | | | | |
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| Medication | Drug allergies… | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| Other allergies | |  | | | | | | | | | | | | | | | |
| Family History | | Only tick if these apply to first degree relatives i.e. parents and siblings | | | | | | | | | | | | | | | |
| Asthma | | Diabetes | | | | | Heart disease | | | | | | Epilepsy | | | | |
| Hypertension | | Stroke | | | | | Cancer…enter type => | | | | | |  | | | | |
| Women | | If you are between 50 and 65 years when did you last have a mammogram?  Date: \_\_\_\_\_\_\_\_\_\_\_\_  If you are between 25 and 65 years of age, when was your last cervical smear/cytology screening?  Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Smoking  Please circle | | Do you smoke? | | | Smoker  How many per day? | | | | | | Never smoked | | | | | Ex-smoker  Quit date: | |
| Alcohol | | Do you drink alcohol? | | | Yes/how often  Monthly  2-4 times a month  2-3 times a week  4 or more times a week | | | | | | No | | | | | Never have | |
| How many units on a typical day when drinking?  1 unit =  ½ pint of beer,  1 glass of wine  1 pub measure of spirit | | Beer | | | Wine | | | | | | Spirits | | | | | Total | |
| Community pharmacy | | We aim to send your prescriptions directly to your local pharmacy using Electronic Prescription Service.  Nominated pharmacy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| SMS consent | | With your consent, the practice is able to send appointment reminders, booking conformation, and other information via sms message  Do you consent : Yes No (please circle) | | | | | | | | | | | | | | | |
| Patient record –  Online access | | Patients are able to order prescriptions, book appointments and update their contact details  I understand and wish to have access  Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Summary Care Records | | Since 2012 the Summary Care Record (SCR) has been established in the UK to improve Emergency Health Care service provided by the NHS. The SCR takes vital but limited information from your medical record held with your registered GP practice such as;  \*Current Medications  \*Blood Type  \*Allergies and Sensitivities  By completing this section I am requesting for my clinical information to be withheld form Emergency Medical Service provided by the NHS  Date:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| How did you hear about us ? | | Friend/family | | | | Another surgery | | | | | | A&E | | | | | |
| Out of hours | | | | Internet | | | | | | Care worker | | | | | |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Next of kin n | | Name : Are they registered here yes/no | | | | | | | | | | | | | | | |
| Relation: | | | | | | | | | | | | | | | |
| Contact Number: | | | | | | | | | | | | | | | |