|  |  |
| --- | --- |
| **ILLNESSES, ACCIDENTS & OPERATIONS**Please list, giving dates of all serious illnessesAccidents and Hospital admissions or operations | **MEDICATIONS**Please list any medications you are taking including ones you buysuch as aspirin, vitamins, homeopathic etc. |
| **ARE YOU ALLERGIC TO ANYTHING?** Please give details | **Do you smoke?** | **YES/NO** |
| **Have you ever smoked?** | **YES/NO** |
| **If you answered YES to either question:** |
| **FAMILY HISTORY** | How many cigarettes/ tobacco packs etc. do or did you smoke a year? |  |
| Do you or anyone in your family have any of the following: | How long have you been smoking (years)? |  |
| *(Please give relationship of family member e.g.: Maternal or Paternal Grandmother* | Do you use electronic cigarettes? | **YES/NO** |
| */ Grandfather)* | Date you stopped smoking (if applicable) |  |
|  | **DO YOU WANT HELP TO GIVE UP SMOKING?** | **YES/NO** |
|  | **YOU** | **FAMILY** | **WHO** | Please ask about the STOP SMOKING CLINIC |
| **DIABETES** | YES / NO | YES / NO |  |  |
| **HIGH BLOOD PRESSURE** | YES / NO | YES / NO |  | 1. **How often do have a drink containing alcohol?**
 |
| **HEART ATTACK** | YES / NO | YES / NO |  | 0 | Never | 🞏 |
| **STROKE** | YES / NO | YES / NO |  | 1 | Monthly or less | 🞏 |
| **ASTHMA** | YES / NO | YES / NO |  | 2 | Two to four times a month | 🞏 |
| **EPILEPSY OR FITS** | YES / NO | YES / NO |  | 3 | Two to three times a week | 🞏 |
| **SKIN DISEASE** | YES / NO | YES / NO |  | 4 | Four or more times a week | 🞏 |
| **NERVOUS DISORDERS** | YES / NO | YES / NO |  | 1. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
 |
| **CANCER** | YES / NO | YES / NO |  |
| **KIDNEY DISEASE** | YES / NO | YES / NO |  | 0 | 1 or 2 | 🞏 |
| **DEPRESSION** | YES / NO | YES / NO |  | 1 | 3 or 4 | 🞏 |
| **OTHER**  | 2 | 5 or 6 | 🞏 |
| **IMPORTANT:** | 3 | 7 or 9 | 🞏 |
|  | 4 | 10 or more | 🞏 |
| ***Please*** *book for a New Patient Health Check with nurse* | 1. **How often do you have six or more drinks on one occasion?**
 |
|  | 0 | Never | 🞏 |
| ***Staff- have you made the patient an appointment***  YES / NO | 1 | Less than monthly | 🞏 |
|  | 2 | Monthly | 🞏 |
| ***Do you have a DISABILITY?*** YES / NO (If yes, please provide details below) | 3 | Weekly | 🞏 |
|  | 4 | Daily or almost daily | 🞏 |
|  |  |  |

|  |  |
| --- | --- |
| **WOMEN ONLY** | **SQUIRES LANE MEDICAL PRACTICE - NEW PATIENT REGISTRATION FORM** |
| Do you use contraceptives? E.g. the pill, condoms etc. | ***Please complete ALL parts of this form*** |
| *Please give details* | NAME: |  |
| CERVICAL SMEAR TEST (Please complete the following details) | Mobile No: |  |
| DATE OF LAST TEST: |  | Work No: |  |
| PLACE WHERE TEST WAS DONE: |  | Home No: |  |
| RESULT OF TEST:  |  | e-Mail: |  |
| Have you had a mammogram? | YES/NODate | **I consent to being contacted via SMS text messages, including information about appointments and test results** YES NO |
| Have you had a hysterectomy? | YES/NODate | Date of Birth: |  | Age: |  |
| PLEASE GIVE DATES OF: | Married 🞏 | Single 🞏 | Divorced 🞏 | Widowed 🞏 | Co-habiting 🞏 |
| Live Births: |   | Occupation: |
| Terminations:  |  | Place of Birth |  |
|  | Do you need an Interpreter YES/NO |
|  | Which language? |
| **STAFF USE ONLY****Tick information collected / added onto system:**🞏 Inform patient of named GP and code into EMIS (67DJ / 9NN60)🞏 Code Alcohol (38D4) onto EMIS🞏 Code Smoking Cessation Advice (8CAL) onto EMIS🞏 Check passport for EACH Patient without an NHS Number (take copy of passport and UK Visa)🞏 Ensure online access form is completed **and form of ID ticked**🞏 Smear booked for women over 25yrs of age, if overdue🞏 Red book collected / photocopied, for all children under 7🞏 Offer, newly register child, health check with nurse and code (6781)🞏 Summary Care OPT-OUT form complete + code added (9NDO)🞏 Care Data OPT-OUT form complete + codes added (9NU0 and 9NU4)🞏 CARER or Cared For – get relevant details and create TASK for Office**THANK YOU** | Are you a **CARER** or is someone a carer for you? Delete as appropriateI am a carer / I have a carer / neither |
| **Ethnic Origin** |
| White British  | African | Indian/British Indian |
| White Irish | Black Caribbean | Parkistani/British Pakistani |
| Other white | Mix white/black Caribbean | Bengali/British Bengali |
| Chinese | Mix white/black African | Mix white/Asian |
| Other  | Other black | Other Asian |
| **NEXT OF KIN** (someone we can contact in an emergency) |
| Name: |  |
| Telephone |  |
| Mobile |  |
| Email |  |
| Relationship |  |