

WELCOME TO WILLINGHAM SURGERY

TITLE

FULL NAME

DATE OF BIRTH

ANY PREVIOUS SURNAMES

HOME ADDRESS including Postcode

EMAIL ADDRESS

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE NUMBER

Information about you:

HEIGHT

WEIGHT

OCCUPATION or if retired
PREVIOUS OCCUPATION

WHAT IS YOUR 1ST LANGUAGE?

DO YOU NEED AN INTERPRETER?

ETHNIC GROUP:

WHITE:

British

Irish

Other (please specify)

BLACK: Caribbean

African

Other (Please specify)

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ASIAN: Indian Pakistani Chinese

Other (please specify)

MIXED: White + Black Caribbean
White + Black African
White + Asian
Other - Please specify

Proof of Identity & Address provided:

Birth Certificate
Driving Licence
Passport
Other:

MEDICAL INFORMATION:

Please list any chronic / serious illnesses; operations; disabilities or mental health problems and the year they took place:

IMMUNISATIONS & DATES

CURRENT REPEAT MEDICATIONS & DOSE:

ARE YOU REGISTERED DISABLED? If so, please give details:

DO YOU HAVE ANY ALLERGIES (including non-drug allergies)?

DO YOU HAVE A CARER? If yes please give details Y/N

ARE YOU A CARER YOURSELF? If yes please give details Y/N

DO YOU HOLD A LIVING WILL? Y/N

(A Living Will is documentation regarding your personal wishes in respect of medical intervention at the time of serious illness)

WOMEN ONLY

Have you ever had a cervical smear and if so, can you please list when you last had one and the result?

FAMILY HISTORY:

Do you have a family history of serious illness? If so please tick against the relevant box and state your relationship to that person

DIABETES

HEART DISEASE

STROKE

CANCER

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OTHER

Please specify:

SMOKING:

Do you smoke? **Y/N**

If 'No', have you ever smoked ? **Y/N**

If you are a current smoker, how many cigarettes or ounces of tobacco do you smoke per day?

ALCOHOL:

MEN: How often do you have **8** or more drinks on one occasion? **WOMEN:** How often do you have **6** or more drinks on one occasion?

N/A

Never

Less than monthly

Monthly

Weekly

Daily or almost

How often during the last year have you been unable to remember what happened the night before because you had been drinking?

N/A

Never

Less than monthly

Monthly

Weekly

Daily or almost

How often during the last year have you failed to do what was normally expected of you because of drinking?

N/A

Never

Less than monthly

Monthly

Weekly

Daily or almost

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

N/A

NO

Yes on 1 occasion

Yes more than once

CONTACTING YOU:

Please sign in the box below if you agree that we may contact you from time to time, via email and /or SMS, with practice news, advice about your health and /or appointment reminders and TEST RESULTS.

Signature:

PATIENT PARTICIPATION GROUP

The practice is committed to improving the services we provide to all our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. It will mean we can keep you informed of opportunities to give your views and keep you updated with developments within the practice. If you are interested in getting involved, please tick the box below and your details will be passed to the practice manager and you will be notified of the next meeting date and venue.

YES, I am interested in the PPG

SUMMARY CARE RECORD

The NHS are changing the way your health information is stored and managed. The NHS Summary Care Record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. An information pack has been provided. Please indicate below your preference.

Are you happy to have a Summary Care Record? Y/N

Do you need more time to decide? Y/N

Thank you for completing these forms. For more information about the services we offer, please refer to the Practice Leaflet or visit our website: www.willinghamsurgery.co.uk