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|--|---|
| Name: | Home Phone: |
| DOB: | Mobile Phone: |
| Are you a Military Veteran? Yes / No | Email: |
| Ethnicity: White British <input type="radio"/> Black British <input type="radio"/> Asian British <input type="radio"/> Other/ Mixed Race <input type="radio"/> | Language if not English: Marital Status: |
| Have you been diagnosed with: <input type="radio"/> Asthma <input type="radio"/> COPD <input type="radio"/> Diabetes | Do you suffer from any allergies? |
| Repeat Prescriptions Are you on repeat medications: Yes / No If yes, you need to inform reception when your welcome letter arrives so they can be put on your repeats. Pharmacy Would you like to nominate a local pharmacy? | |
| Females only <u>Are you pregnant?</u> If you are pregnant, please go to https://connect.btuh.nhs.uk/maternitydirect to register with our local hospitals for maternity care. If you are over 16 weeks, please let reception know so they can book you in with our Community Midwife as needed. She sees patients registered at all the local hospitals. <u>Contraception</u> If you usually receive a form of contraception from your GP, please let reception know a few weeks before you need your next prescription. We will send you a link to provide information about your health to ensure we prescribe safely for you. | |
| Do you smoke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Amount _____ Per day For how long? _____ Would you like to be contacted about stopping smoking? <input type="radio"/> Yes <input type="radio"/> No | Your Height _____ Your weight _____ |



| Question | Score | | | | | Your score |
|---|------------|-------------------|---|-------------|------------------|------------|
| | Never 0 | Occasionally 1 | Monthly 2 | Weekly 3 | Daily 4 | |
| How often do you have: 8 Units (Men) 6 Units (women) On one occasion? | | | | | | |
| If you answered never – please stop here | | | | | | |
| | Never (0) | | Once (1) | | Occasionally (2) | |
| How often in the last year have you not been able to remember what happened when drinking the night before? | | | | | | |
| How often in the last year have you failed to do what was expected of you because of drinking? | | | | | | |
| In the last year, has someone voiced concerns over the amount you drink? | | | | | | |
| Total | | | | | | |
| Score 0-2 = Sensible / No drinking | | | Score 3+ = Hazardous / Harmful drinking | | | |
| General Data Protection Regulations Online access to appointments and prescriptions is available at - www.westernroadsurgery.co.uk Please tick the box below if you consent to the Practice contacting you from time to time with regards to your healthcare in the form of information about the Practice; invitation to attend specialist vaccination clinics etc. <input type="radio"/> I do consent to the Practice contacting me by telephone, post or by email. <input type="radio"/> I do not consent to the practice contacting me by telephone, post or by email. Signed _____ Printed _____ | | | | | | |
| Please submit <u>photographic ID</u> of patient and/or parent to the surgery with your complete registration. Ensure all questions are answered to avoid delays. | | | | | | |
| Reception Use Only: | | | | | | |
| ID TYPE | | ID NUMBER | | | | |
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