**The Avenues Medical Centre - New Patient Registration Details**

**Surname**: …………………………….. **First names:** ………………………………………

**Sex:** *male female* **Please state your native language:** …………………………….

**Do you require an interpreter?** *Yes No*

**Address**  ……………………………………………..**Date of Birth:** …………………………

……………………………………………..**Occupation:**……………………………

**Email Address:**…………………………………………………………………………………..

T**elephone:** ………………………………………**(Mobile)** ………………………………

**We use SMS text messaging for patient appointments. Please tick the box to consent to us**

**using your mobile number for this purpose.**

|  |
| --- |
|  |

**Marital Status:** *single/married/widow/divorced/separated*

**How often do you take regular** never every week

**exercise of an hour or more?** twice a week three times a week

**Do you smoke?** *Yes* if *Yes*, how many a day? …………..

*No* if *No*, have you ever smoked? *Yes* *No*

If *Yes*, when did you stop? ………………..

**Alcohol Questions**

*(1 unit of alcohol = 1 measure of spirit, or 1 glass of wine or ½ pint of lager)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |

**Do you wish to register for Online access YES/NO**

*(Allows you to book/cancel appts and request repeat medications etc.*)

**Please make an appointment with the Practice Healthcare Assistant for a simple health check.**

**It is a policy of the Practice not to prescribe METHADONE.**

**Do you have a family history (mother or father, sister or brother) of:**

Heart Disease (aged under 60) Yes No

Heart Disease (aged over 60 years) Yes No

Stroke Yes No

Diabetes Yes No

Asthma Yes No

Gastrointestinal cancer Yes No

Breast Cancer Yes No

**What is your Height?** …………………… **Weight?** ……………………………

**Please give details of any** ………………………………………………

**medication you are currently taking** ………………………………………………

.................................................................

**Please give details** **of** ………………………………………………

**any known allergies** ……………………………………………...

**Do you suffer from any of the following?**

Asthma Yes No

Diabetes Yes No

Chronic Obstructive Pulmonary Disease (COPD) Yes No

Coronary Heart Disease (CHD) Yes No

Stroke Yes No

Raised Blood Pressure Yes No

Hypothyroidism Yes No

Epilepsy Yes No

Cancer Yes No

Chronic Kidney Disease Yes No

Atrial Fibrillation Yes No

Learning Disabilities Yes No

Rheumatoid Arthritis Yes No

**Do you look after someone (as a carer)** Yes No

**Does someone look after you (as a carer)** Yes No

**Do you have any communication/information needs**

**relating to a disability, impairment or sensory loss** Yes No

**Please indicate your ethnic origin:**

British or Mixed British

Irish

Other White Background

White and Black Caribbean

White and Black African

White and Asian

Other Mixed Background

Indian or British Indian

Pakistani or British Pakistani

Bangladeshi or British Bangladeshi

Other Asian Background

Caribbean

African

Other Black Background

Chinese

Other

Ethnic Category Not Stated

Electronic Data Sharing Model (eDSM)

This allows the sharing (both in and out of the practice) of your full electronic record across different NHS Care Providers. It is only available to those NHS services which use the same computer system (in our case SystmOne) and who are directly involved in your care.

Please indicate your preferences as below:

I consent to the **sharing in** of my electronic record: YES/NO

I consent to the **sharing out** of my electronic record: YES/NO

The Practice uses a combination of electronic display boards and verbal alerts for calling patients to their appointments.

**IMPORTANT PATIENT INFORMATION**

In order to register here at the Practice we require the following:

* UK Patients transferring from another GP Practice may produce their current passport, UK Photocard Driving Licence (including paper counterpart), Birth Certificate or Inland Revenue Notification, utility bill or other acceptable proof of address.
* Completion of Family doctor services registration form (GMS1)
* Patients from overseas ***must*** produce their passport for identification

***Please also note that information can and will be checked or shared with the UK Border Agency where appropriate.***