



## NEW PATIENT REGISTRATION INFORMATION

Welcome to Wake Green Surgery. To help the practice provide you with a responsive service please complete the following form. This will provide us with basic health information about you which will be used in confidence as part of our registration process and to assess your health care needs whilst we wait for your medical records to be transferred from your previous GP practice.

<b>First Name(s)</b>	<b>Surname/Family name</b>
<b>Title</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Telephone Numbers</b>
	<b>Land line</b>
	<b>Mobile</b>
	<b>Work</b>
<b>Post Code</b>	<b>Email</b>
<b>Previous GP Name</b>	<b>Previous GP Address</b>
<b>Practice Telephone number</b>	
<b>Ethnic Origin</b>	<b>Next Of Kin Details</b>
	<b>Name</b>
	<b>Telephone</b>

<b>Are there children in your household?</b>	
<b>How many children are in your household?</b>	
<b>Childs Name</b> _____ <b>D.O.B</b> _____ <b>Childs Name</b> _____ <b>D.O.B</b> _____	
<b>To ensure our records stay up to date please tell us how many adults are in your household (including adults that are not registered at this practice)</b>	
<b>Adults Name</b> _____ <b>D.O.B</b> _____ <b>Adults Name</b> _____ <b>D.O.B</b> _____	

Health Assessment					
Height	Weight			Practice Calculated BMI	
How many portions of fruit and vegetables do you eat a day?					
Smoking Status (please circle) Never smoked Current smoker Ex smoker since (date)				Number cigarettes (other) per day?	
If you currently smoke would you like advice and support to stop?				Yes/No	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
How many units of alcohol* do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	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/ almost daily

\*One unit of alcohol is about equal to a half a pint of beer, lager or cider  
There are 1.5 units of alcohol in a small glass (125ml) of wine or a standard pub measure (35ml) of spirits  
There are approximately 9 units of alcohol in a bottle of wine

Physical Activity				
Please tell us about how active you are. Tick the option which applies most closely to your level of activity at work				
<input type="checkbox"/> I am not in employment (e.g. retired, unemployed) <input type="checkbox"/> I spend most of my time at work sitting <input type="checkbox"/> I spend most of my time at work standing or walking, however most of my work does not require intense effort (e.g. shop worker, hairdresser, security guard) <input type="checkbox"/> My work involves definite physical effort including the handling of heavy objects and use of tools (e.g. plumber, cleaner, hospital nurse, gardener, postal delivery worker) <input type="checkbox"/> My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector)				
During the last week how many hours did you spend on each on each of the following activities? Please tick one box in each row				
	none	less than an hour	1-3 hours	3+ hours
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout				
Cycling, including to work and during leisure time				
Walking, including walking to work, shopping, for pleasure				
Housework/childcare				
Gardening/DIY				
How would you describe your usual walking pace? Please circle one option	Slow	Steady/ average	Brisk	Fast

Medical History	
Are you allergic to any medication? Please specify drug if possible.	
Do you have any of the following medical illnesses (please circle) Hypertension Heart Attack Asthma COPD Diabetes Stroke Kidney Disease Cancer Epilepsy Depression	Please give details of any other current medical illnesses you have
Have you had any hospital treatment or surgery?	Details of treatment/surgery
Do you take regular medication including the contraceptive pill?	Details of medication:

Female patients 25-65 Please confirm the year of your last cervical smear test	
---	--

Immunisation History	
Immunisation:	Date Given:
Immunisation:	Date Given:
Immunisation:	Date Given:
Immunisation:	Date Given:

*Please include childhood immunisation, if you do not your immunisation history please obtain this from your previous surgery.*

Family History	
Have any members of your family suffered heart disease? (e.g. angina, heart attack)  <input type="checkbox"/> Yes under the age of 60 years <input type="checkbox"/> Yes over the age of 60 years	Details (who)
Have any members of your family suffered a stroke/CVA  <input type="checkbox"/> Yes	Details (who)
Have any of you family been diagnosed with diabetes?  <input type="checkbox"/> Yes	Details (who)

Medication
<b>Details of any regular medication you are currently taking including the contraceptive pill</b>
1.
2.
3.
4.
5.
6.

**Confirmation to share information across NHS Spine:**

**I authorise Wake Green Surgery to access the NHS Spine\* to obtain any medical information which may be required:**

**Signature.....Date.....**

**\*The NHS Spine allows the practice to send and receive healthcare information to and from other healthcare professionals, such as Hospital Consultants and Out of Hours services. All information is sent a secure and confidential way.**

**Do you have a carer** ..... (If so please ask for a patient consent form)

**Are you a carer**    **YES**    -    **No**

**Carer Name** .....

**Contact Number** .....

**Are they a registered carer**    **YES**    -    **NO**

**Are they a family member**    **YES**    -    **NO**

If you are aged over 40 you will be asked to book a health assessment appointment with one of the practice team. This includes an assessment of your cardiovascular risk and tailored advice to keep healthy.

If you are able to provide us with a mobile telephone number and email address we will be able to remind you of your booked appointments and medication reviews. Your email address will be used to send you information about the practice and will not be shared with anyone outside Wake Green Surgery.

### **Surgery Opening Hours**

<b>Reception</b>		<b>0730 to 1900 Monday to Friday</b>
<b>Telephone</b>	<b>0845 0724675</b>	<b>0800 to 1830 Monday to Friday</b>

**We hold Commuter GP, Practice Nurse and HCA/Phlebotomy Surgeries from 0730 each morning**

### **Appointment options**

The following options are available and our receptionists will do their best to guide you to the most appropriate choice:

**Nurse Appointments** for management of diabetes, asthma, hypertension, travel immunisations, sexual health and contraception services, dressings and suture removal.

**Phlebotomy/Health Care Assistant Appointments** for blood tests, blood pressure checks, new patient and NHS patient health checks.

**Clinical Pharmacist Appointments** for medication reviews, hypertension and COPD reviews.

**Same Day Telephone GP advice** you will often be able to be put straight through to the on-call doctor but if they are on another call or visit the doctor will call you back.

**Minor Illness** we hold 2 minor illness surgeries each day with appointments being booked for the same day.

#### **Booked Telephone Review Appointments**

There are many conditions or situations when it is not necessary for you to be seen face to face for a review or to arrange the next stage in treatment. The receptionists will also book one of these appointments if you contact the surgery requesting a call from one of the doctors.

**Booked Routine GP Appointments (same day and in advance)** for ongoing problems we urge you to arrange your follow up appointment with the same doctor as this will improve continuity and quality of care.

**Further information on our appointment system and the services we provide are available on the Practice website [wakegreensurgery.co.uk](http://wakegreensurgery.co.uk) or ask your receptionist for a Practice Leaflet.**