

# Dr Hogg & Partners

## New Patient Registration Form

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please provide proof of identity and address.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

<b>Full Name:</b>				<b>Telephone Number:</b>		
<b>Mr / Mrs / Miss / Ms / Other.....</b>				<b>Work Number</b>		
<b>Address and Postcode</b>				<b>Mobile Number:</b>		
				<b>E-mail Address:</b>		
				<b>Next of Kin:</b>		
				<b>Next of Kin Contact Number:</b>		
<b>Date of Birth:</b>	<b>Gender:</b>	<b>Male</b>	<b>Female</b>	<b>Town &amp; Country of Birth</b>		
<b>Previous / Mother's surname if different to above:</b>				<b>NHS Number (if known)</b>		
<b>Previous Address &amp; Postcode:</b>				<b>If applicable, date you first came to live in Britain?</b>		
<b>Previous Doctor Name &amp; Full Address:</b>				<b>If returning from Armed Forces, your Service or Personnel Number:</b>		
				<b>Your Enlistment Date:</b>		
<b>Your Height</b>	<b>Feet / Inches</b>	<b>cm</b>	<b>Your Weight</b>	<b>Stones / lbs.</b>		<b>kg</b>
<b>Your Religion</b>	Church of England	Catholic	Other Christian	Buddhist	Sikh	Other (please state)
	Jewish	Jehovah's Witness	Muslim	Hindu	No Religion	
<b>Your Ethnic Origin (select one)</b>	White (UK)		White (Irish)		White (Other)	
	Caribbean		African		Asian	
	Other Mixed Background					
	Indian / Brit Indian		Pakistani / Brit Pakistani		Bangladeshi / Brit Bangladeshi	
	Other Asian Background					
Other Black Background		Chinese		Other		Not Stated

Your main or 1 <sup>st</sup> language spoken / understood (select one)	English	French	German	Polish	Hindi	Punjabi
	Spanish	Ukrainian	Bengali	Urdu	Other (please specify)	

Smoking and Alcohol Consumption:							
Are you currently a smoker?	YES	NO	Have you ever been a smoker?	YES	NO	How many cigarettes/ cigars/tobacco do you smoke per day?	
We offer smoking cessation clinics; would you like to find out more?	YES	NO	How much alcohol do you drink in a week (units) (One unit = 1 small glass of wine, 1 single measure of spirits or ½ pint of beer)				No. of units:

Specific Needs:	
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:	
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):	
Are you an 'Assistance Dog' User?	
Please state any Physical disabilities you have:	
Please state any Mental disabilities you have:	
Do you require the help of a Translator / Interpreter?	
Please state any allergies and sensitivities you have:	
Have you ever had a social worker involved with your family?	
If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u>
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.	<u>Carer Contact Details:</u>
	<u>Signed:</u> _____ <u>Date:</u> _____
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes / No
If "Yes", can you please bring a written copy of it to your New Patient Consultation	

### **Summary Care Records.**

**The NHS is changing the way your health information is stored and managed.  
The NHS Summary Care record is an electronic record of important information  
about your medication and allergies.**

**Should you require medical treatment anywhere else in the UK your records will be  
available to the medical team to ensure you receive the best possible care.**

<b>Are you happy to have a Summary Care Record?</b>	<b>Yes</b>	<b>No</b>	<b>PLEASE SIGN TO CONFIRM</b>
<b>Patient Signature:</b>		<b>Signature on behalf of Patient:</b>	
<b>Today's Date:</b>		<b>ID Checked (Staff Use Only)</b>	

### **Patient Participation Group**

The Practice is committed to improving the services we provide to our patients.  
To do this, it is vital that we hear from people about their experiences, views and ideas for improving our  
services. If you are interested in taking part, please contact the surgery.

*As a new patient to the practice we would like you to make an appointment for a new  
patient health check with one of our Nurses.*

*The appointment is important as it will enable us to ensure we have your full medical  
history available to us.*

*Please telephone the surgery on 01933 396000 and make an appointment.*

*If you are on repeat medication please make an appointment to see a Doctor prior to your  
prescription running out.*

**Thank you for completing this form**

***For more information about the services we offer, please see our website***

***[www.parklandssurgery.co.uk](http://www.parklandssurgery.co.uk)***