

REGISTRATION HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Surname:..... Forename:.....

Address:.....

..... Postcode:.....

Date of Birth: Marital Status:

Home Tel:..... Mobile:.....

I would like on-line access, to book and cancel appointments

(details will follow by post)

For Children Only

Name of Parent or Guardian: Relationship:

1. MEDICAL HISTORY

Please give details of any hospital treatment as an in-patient:

.....
.....

Please give details of any chronic medical conditions e.g. Diabetes Date of Onset

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

(please use reverse if needed)

2. MEDICATION

Please give details of any medication taken (prescribed or otherwise including regularly used vitamins, supplements or chemist purchases. Continue on back page if required.)

Name of drug: Name of drug:

Dosage: Dosage:

Name of drug: Name of drug:

Dosage: Dosage:

3. ALLERGIES - Please give details of allergies to foods or other

substances:

4. ETHNICITY

This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

1st Language

- | | | |
|--------------------------|---------------------------|--------------------------|
| (Asian or Asian British) | Bangladeshi: | <input type="checkbox"/> |
| (Asian or Asian British) | India | <input type="checkbox"/> |
| (Asian or Asian British) | Other Background | <input type="checkbox"/> |
| (Asian or Asian British) | Pakistani | <input type="checkbox"/> |
| (Black or Black British) | African | <input type="checkbox"/> |
| (Black or Black British) | Caribbean | <input type="checkbox"/> |
| (Black or Black British) | Other Background | <input type="checkbox"/> |
| (Mixed) | Other Background | <input type="checkbox"/> |
| (Mixed) | White and Asian | <input type="checkbox"/> |
| (Mixed) | White and Black African | <input type="checkbox"/> |
| (Mixed) | White and Black Caribbean | <input type="checkbox"/> |
| (Other) | Any other | <input type="checkbox"/> |
| (Other) | Chinese | <input type="checkbox"/> |
| (White) | British | <input type="checkbox"/> |
| (White) | Irish | <input type="checkbox"/> |
| (White) | Other background | <input type="checkbox"/> |

Not Stated

If Registering a Child Please Go To Q16

5. FAMILY HISTORY

Is there any of the following in your family? (*father, mother, brother, sister*)

Heart Disease (heart attacks, angina) Yes No

If yes, which family member?

How old were they when its started?

Diabetes Yes No

If yes, which family member?

High Blood Pressure? Yes No

If yes, which family member?

Glaucoma? Yes No

If yes, which family member?

Stroke? Yes No

If yes, which family member?

High Cholesterol? Yes No

If yes, which family member?

Cancer? Yes No

If yes, which family member?

Site of Cancer?

6. IMMUNISATIONS

Date of last Tetanus

7. SMOKING

Do you smoke? Yes No

If yes how many:

Cigarettes per day Cigars per day..... Ounces of tobacco per day.....

How old were you when you started smoking?

If you are a smoker and would like support with quitting, we have Stop Smoking Advisors in Surgery who can help. Please ask for an appointment at reception.

8. EX SMOKERS

How old were you when you stopped?

How much did you smoke per day?

9. ALCOHOL CONSUMPTION

Please circle the answers that apply to you

Questions	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly Or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost daily

10. EXERCISE

Do you take regular exercise? Yes No

If yes, what type of exercise?

How many times per week?

11. CARERS

Are you a carer for a sick or frail relative? Yes No

Please give name and date of birth of this relative

12. OCCUPATION

.....

13. WEIGHT (approx)

.....

14. HEIGHT

.....

15. FEMALE PATIENTS ONLY

Date of most recent cervical smear:

Result of most recent smear:

Q16 to be Completed for Registering Children Only

16. IMMUNISATIONS (please state date given)

Usually During First Year of Life

1st Diptheria / Tetanus / Whooping cough / Hib+Polio **Date**

Please state where immunisation performed: GP or Health Clinic

2nd Diptheria / Tetanus / Whooping cough / Hib+Polio **Date**

3rd Diptheria / Tetanus / Whooping cough / Hib+Polio **Date**

Meningitis Vaccination **Date**

Usually During Second Year of Life

Mumps / Measles / Rubella (MMR) **Date**

Hib (if not given during first year) **Date**

Meningitis Vaccination (if not given during first year) **Date**

Before Primary School Entry

Tetanus / Diptheria / Polio (pre school booster) **Date**

OPT OUT – Summary of Care/Care.Data

If you wish to opt out of any of the following please write your name and date of birth, tick the relevant box/es, sign and return to Mowbray House Surgery/Hutton Rudby Surgery.

Name: Date of Birth:
.....

Summary of Care Records

No consent for NHS health care staff outside of the GP Surgery e.g. hospitals, to be aware of your current medications and allergies recorded on your electronic GP records.

(See below for more information)

Care.Data

No consent for personal confidential data to be taken from your electronic GP records and sent to the Health and Social Care Information Centre.

(See below for more information)

Care.Data

No consent for personal confidential data taken from your electronic GP records to leave the Health and Social Care Information Centre to third parties.

(See below for more information)

Signature.....

Date.....

Summary of Care Records

Your summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health. If you opt out this information will not be made available to the healthcare staff treating you.

Care.Data

NHS organisations share information about the care you receive with those who plan health and social care services, as well as with approved researchers and organisations out of the NHS, if this will benefit patient care. Records are linked in a secure system so your identity is protected. The data to be extracted from GP systems for care.data includes information such as family history, vaccinations, diagnoses, referrals, biological values (such as blood pressure, BMI and cholesterol) and all NHS prescriptions. Identifiers (DOB, postcode, NHS number and gender) are required to link the data with the personal confidential data from other care settings in order to analyse patient care across pathways. They sometimes release confidential information to approved researchers, if this is allowed by law and meets the strict rules that are in place to protect your privacy.