



**OVER 16 - PRACTICE AREA**

Please help us by completing the following in full and PRINT CLEARLY

**About you**

<b>Title:</b>		<b>Gender:</b>	
<b>Surname:</b>		<b>Previous Surnames (if any):</b>	
<b>Forename:</b>		<b>NHS Number:</b>	
<b>Date of Birth:</b>		<b>Place of Birth:</b>	
<b>Current Address</b>			<b>Postcode</b>
<b>Home Tel</b>	<b>Mobile Tel</b>	<b>Work Tel</b>	
<b>Email Address</b>			
<b>Occupation</b>		<b>Who do you live with?</b>	
<b>Previous UK Address</b>			<b>Postcode</b>
<b>Date of Arrival in UK (If applicable)</b>			
<b>If previously resident In UK, please give date of departure:</b>			
<b>Name &amp; Address of previous GP</b>			<b>Postcode</b>
<b>If returning from Armed Forces:</b>			
<b>Service Number:</b>		<b>Enlistment Date:</b>	
<b>UK based Next of Kin (who we can contact in an emergency)</b>			
<b>Title</b>	<b>Name</b>		
<b>Relation to you</b>	<b>Contact Number</b>		

The practice now collects information about our patients' ethnicity. This information will help us learn more about the health needs of our local community and allow us to plan services. All the information on this form will be used and treated with the strictest confidence.

<b>What is your Ethnic Background?</b>	
<b>What is your MAIN Spoken language?</b>	<b>Do you require an interpreter?</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>What Language do you prefer to read?</b>	
<b>'I was given help with this form and do not read any language'</b> <input type="checkbox"/>	
<b>What is your religion?</b>	
<b>Can you read English even if it is not your preferred Language?</b>	Y <input type="checkbox"/> N <input type="checkbox"/>

# About your health

Height:	Weight:
Do you smoke? Y <input type="checkbox"/> N <input type="checkbox"/>	Cigarettes per day:      Tobacco per day:
Never smoked <input type="checkbox"/>	
Ex smoker <input type="checkbox"/>	Cigarettes per day:      Date stopped:
<b>WANT HELP TO STOP SMOKING? - BOOK AN APPOINTMENT WITH OUR NURSING TEAM</b>	
How many units/drinks of alcohol do you drink per week?	
<p>*A standard drink (unit) of alcohol (around 10mls or 8g) is contained in:</p> <ul style="list-style-type: none"> <li>- A small (125ml) glass of standard strength wine (12%)</li> <li>- A single (25ml) pub measure of spirits</li> <li>- Half a pint of normal strength beer or lager</li> </ul>	
<p><b>HIV SCREENING: As part of our registration process we offer all patients aged between 16 and 64 an HIV Screening test. Please indicate by ticking one of the boxes below if you would like to have an HIV test:</b></p> <p>Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>Health Centre Staff to complete Registration Template section on HIV</i></p>	

I have a carer Y <input type="checkbox"/> N <input type="checkbox"/>	I am a carer Y <input type="checkbox"/> N <input type="checkbox"/>
Name of carer:	Telephone number of carer:

# Your choice about donation

<p><b>I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.</b></p> <p><i>Please tick as appropriate:</i></p> <p><input type="checkbox"/> kidneys <input type="checkbox"/> heart <input type="checkbox"/> liver <input type="checkbox"/> corneas <input type="checkbox"/> lungs <input type="checkbox"/> pancreas <input type="checkbox"/> any part of my body</p> <p>Signature confirming consent to organ donation          ..... Date .....</p>
<p><b>I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.</b></p> <p>Tick here if you have given blood in the last 3 years <input type="checkbox"/></p> <p>Signature confirming consent to inclusion on the NHS Blood Donor Register          ..... Date .....</p> <p>For more information please ask for the leaflet on <i>joining the NHS Blood Donor Register</i></p>

# Your choice about communication

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

<p><b>Do you have difficulty hearing, need hearing aids or need to lip-read what people say?</b> Y <input type="checkbox"/> N <input type="checkbox"/></p> <p><b>Do you have difficulty with memory or ability to concentrate, learn or understand?</b> Y <input type="checkbox"/> N <input type="checkbox"/></p>
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Do you need an advocate (someone who will support you to communicate or explain your point of view)? Y  N

Do you have difficulty speaking or using language to communicate or make your needs known? Y  N

Do you have any special communication requirements or specific communication support?

Sign Language: British  Makaton  Tadoma  Other

Lip reading  Manual or electronic note taker  Speech-to-text reporter

Deafblind intervener  Loop System  Other

If you have selected any of the above, do you need the assistance of a communication professional? Y  N

For written information, do you need a format other than standard print?

Braille  Easy read  Large print

What is the best way to send you information?

Telephone  Text Relay  SMS  Letter  Email  Other

There are occasions when it might be necessary to contact you via telephone, text message or email regarding clinical or administrative matters. Please confirm which would be acceptable:

I AGREE  I DO NOT AGREE  TO THE PRACTICE:  
LEAVING MESSAGES ON MOBILE/HOME TELEPHONE

I AGREE  I DO NOT AGREE  TO THE PRACTICE CONTACTING ME VIA EMAIL

I AGREE  I DO NOT AGREE  TO THE PRACTICE CONTACTING ME VIA SMSTEXT

**Summary Care Records** are an electronic record of your Medications and allergies that can be accessed (with your consent) in the event of an emergency (for example at an A&E Department).  
If you wish to opt out ask reception or visit our website.

**Local Care Records** allow local hospitals and Waterloo Health (with your consent) to share your health records and health information. If you wish to opt out ask reception or visit our website.

**ePrescriptions Service** – new patients are automatically registered for electronic prescriptions to the nearest local pharmacy. If you have a specific preference, please state here:

The information you have provided will be kept in strictest confidence under the Data Protection Act

Patient (or representative) Signature:

Date:

Staff  
Initial