WELLFIELD HEALTH CENTRE
NEW PATIENT REGISTRATION QUESTIONNAIRE

PATIENT DETAILS

Title	□Mr □Mrs □Miss □Ms	Surname	
Date of Birth		First Names	
Occupation		Previous Surnames	
Home Address:		Home Tel:	
		Work Tel:	
Postcode:		Mobile Tel: Are you happy to receive appointment reminders and communication about services via text message?	□Yes □No
Email Address			
Are you happy to receive communication from the surgery about our services via e-mail?			□Yes □No
Next of Kin:		Name:	Telephone No:

Name and Address of Previous GP:

Do you have any information or communication needs?	□Yes □ No
If Yes, how can we meet these needs?	
What is your first language:	
Do you need an interpreter for your appointments:	□Yes □ No

Have you served in the Armed Forces?	□ Yes □ No
If you have served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) we would like to note on your records that you are a 'Military Veteran' for the purpose of providing appropriate NHS Care for service related injuries and health conditions. Please indicate if you are happy for this to be recorded: □Yes □ No	

ETHNIC GROUP

White	□ British □ Irish □ Other (please specify)
Black	□ Caribbean □ African □ Other (please specify)
Asian	□ Indian □ Pakistani □ Chinese □ Other (please specify)
Mixed	□ White + Black Caribbean □ White + Black African
	□ White + Asian □ Other (please specify)

SEXUAL ORIENTATION

Which of the following options best describes you?
□ Heterosexual/Straight
□ Lesbian/Gay
□ Bisexual

GENDER

Which of the following best describes you?
□ Female (including trans women)
□ Male (including trans men)
□ Non-Binary
Is your gender identity the same as the gender you were given at birth? □Yes □No

PROOF OF IDENTITY AND ADDRESS PROVIDED

□ Birth Certificate	□ Driving Licence	□ Passport	□ Utility Bill
□ Allowance Book	□ Solicitor's Letter	□ Offer of Tenancy	□ Other

MEDICAL INFORMATION

Please list any serious illnesses/operations/accidents/disabilities (and for women any pregnancy related problems) and the year they took place			
Have you ever suffered from? (tick as appropriate)			
Epilepsy	□ Yes □ No	Blindness/Glaucoma	□ Yes □ No
High Blood Pressure	□ Yes □ No	Diabetes	□ Yes □ No
Heart Attack/Stroke	□ Yes □ No	Depression	□ Yes □ No
Cancer	□ Yes □ No	Asthma	□ Yes □ No
Eczema/Hay Fever	□ Yes □ No	COPD	□ Yes □ No

Please list any medicines being taken and the amount:
This practice uses EPS (Electronic Prescription Service). If you already have a nominated pharmacy, please note any prescription requests will be sent automatically. If you need to change your nominated pharmacy, please inform the receptionist as soon as possible.

Are you registered disabled? (If yes, please give details)	□ Yes □ No

Are you allergic to any medicines and if so, which?	□ Yes □ No

Do you have any other allergies? If so, please give details	□ Yes □ No

CARERS

Do you have a carer? (If yes, please give details)	□ Yes □ No

Are you a carer? (If yes, please give details)	□ Yes □ No

SMOKING

Do you smoke? □ Yes □ No

If 'No', have you ever smoked? □ Yes □ No

If you do currently smoke, how many cigarettes or ounces of tobacco do you smoke per week?

Would you like advice on giving up smoking? □ Yes □ No

ALCOHOL

Do you drink alcohol? □ Yes □ No If yes, how much per week do you drink? (1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits)

HEIGHT & WEIGHT

What is your height:	
What is your weight:	

DIET & EXERCISE

Do you consider your diet: □ Good □ Average □ Poor
Do you exercise? □ Yes □ No Type of exercise: How many hours per week do you exercise?

FOR PATIENTS AGED 65 AND OVER OR THOSE WITH A CHRONIC DIEASE (E.G ASTHMA OR DIABETES)

Have you ever had a flu vaccination? (Enter date or 'never')	
Have you had a pneumococcal vaccination? (Enter date or 'never')	

Signature	Date

Thank you for taking the time to complete this questionnaire, the information you have supplied will help improve our service to you.

Please note that we have a duty to keep your information secure and to treat it as confidential. We will not share information that identifies you for any reason, unless you ask us to do so, we ask and you give us specific permission, we have to do this by law or
we have special permission because the interest of the public are thought to be of greater importance than your confidentiality.