

Personal Details

Title: Mr / Mrs / Miss / MsMarital Status:

Full Name..... Date of Birth: __/__/__

Address.....

Postcode..... Occupation.....

Email address.....

Home Tel No.....
Consent to leave voice message on the above number : Yes <input type="checkbox"/> No <input type="checkbox"/>

Mobile No.....
Consent to leave voice/text message on the above number: Yes <input type="checkbox"/> No <input type="checkbox"/>

Next of Kin Details

Full Name.....Contact Number.....

Relationship (i.e., parent/partner etc.)

Do you have a Carer? **Yes** **No** Who cares for you?.....

Are you a Carer? **Yes** **No** Who do you care for?.....

Medical Conditions

If you have any **ongoing medical conditions** or usually have **repeat medications** which you think we should be aware of please **book an appointment with your named GP.**

Medication (List below or attach a copy of your repeats)

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

Method of contraception (if applicable).....

**Chlamydia – If you are age 16-25 and you have not had a chlamydia test in the last year and would like a test please ask at reception for a free “do it yourself” screening kit. Alternatively take one from the health zone at Tavistock surgery.*

Allergies			
Do you have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes what?.....			
Are you allergic to	Penicillin	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Latex	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Medical Details

WeightKg Height.....cm

Alcohol Intake How much alcohol do you drink each week?(in units):.....

The maximum recommended amount of alcohol per week is

21 units for a woman

28 units for a man



Current Smoking Status (please tick the appropriate box)

Never smoked Tobacco

Ex-Smoker Date stopped.....

Current Smoker How Much?.....Cigarettes/cigars per day orOz per wk

**Our Nurses run a very successful smoking cessation service if you are interested in stopping smoking please ask at reception*

Ethnic Origin: White British Mixed White Black Asian

Other.....

First Language..... Interpreter Required? **Yes** **No**

*The Surgery has a **Patient Participation Group**. If you are age 14 and upwards and have any ideas you wish to share or are interested in joining our patient participation group please indicate whether you would like to help.*

We understand how difficult it is to attend meetings so we would like to contact you via email no more than 5 times a year to give you the opportunity to tell us your views. We would send you an email with typical questions/ enquiries about services we provide; proposed changes; setting our priorities for the future; and helping agree questions for wider surveys.

I would like to join the surgery patient participation group: **YES** **NO**

I understand that my views are confidential and my email will not be shared with any third parties

On behalf of all of us at Abbey Surgery we would like to wish you a warm welcome and thank you for taking the time to fill out our questionnaire.

Signed..... Date filled in.....

Request for online Appointment Booking and Repeat Prescriptions service

In accordance with the data protection principles to enable access to our Online Appointment Booking and Repeat prescription service we require you to confirm that you are consenting to Abbey surgery releasing your registration details.

I hereby authorise Abbey Surgery to release registration details to allow me to log onto the Online Appointment booking system. I understand that it is my responsibility to ensure that my login details are kept safe and secure and not shared with anyone else.

SignedDate.....

Print name

CLINICAL INFORMATION SHARING

There are several different ways your medical information may be shared.

If you wish to opt out of any of these please indicate below:

1. SHARED CARE RECORD

This helps clinicians in A&E Departments and “Out of Hours” health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious.

(We recommend you opt in)

Opt in

Opt out (9Nu0)

2. PERSONAL DATA

Personal data to be shared anonymously by Health and Social Care for research and health statistics.

Opt in

Opt out (9Nu4)