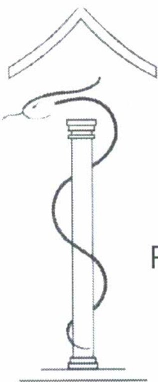


Welcome to Shelley Manor and Holdenhurst Medical Centre

Please fill out the information below so we can ensure your medical record is accurate and up to date. Thank you ☺

*OVER 45s PLEASE RECORD YOUR BLOOD PRESSURE USING THE MACHINE IN OUR WAITING ROOM.

Contact Details					
First Names			Surname		
Date of Birth			Height		
Home Telephone			Weight		
Mobile Telephone			Blood Pressure*		
Email					
Next of Kin		Relationship		Tel	

It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.
We may contact you with appointment details, test results, health campaigns or Patient Participation Group details.
If you do not consent to being contacted by SMS or Email, please tick here: ☐ *SMS* ☐ *Email*

Background Details			
Country of Birth		First Language	
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White(Other) ☐ Black Caribbean ☐ Black African ☐ Black Other ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Other - Please state:		
Communication Needs	Do you need an interpreter? ☐ Yes ☐ No		
	Do you have any communication needs? ☐ Yes ☐ No (if yes please specify) ☐ Hearing aid ☐ Lip reading ☐ British Sign Language ☐ Makaton Sign Language ☐ Guide dog ☐ Braille		

Care Details			
Are you a carer?	☐ Yes ☐ No	Do you live in a residential or nursing home?	☐ Yes ☐ No
Do you have a carer?	☐ Yes	Name*: Tel: Relationship:	

** Only add carer's details if they give their consent to have these details stored on your medical record*

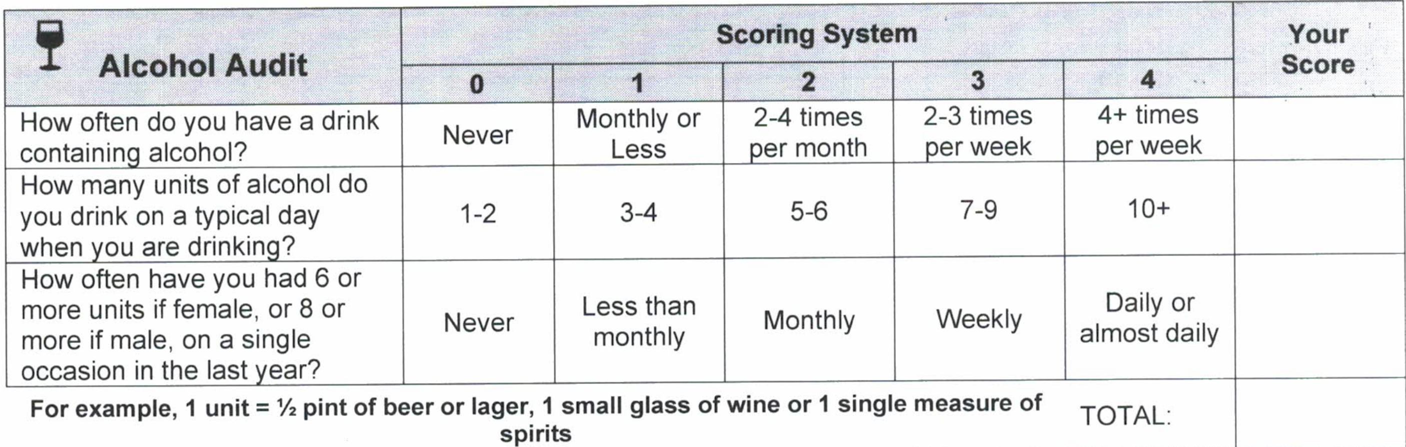
Allergies
Please record any allergies or sensitivities below:

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

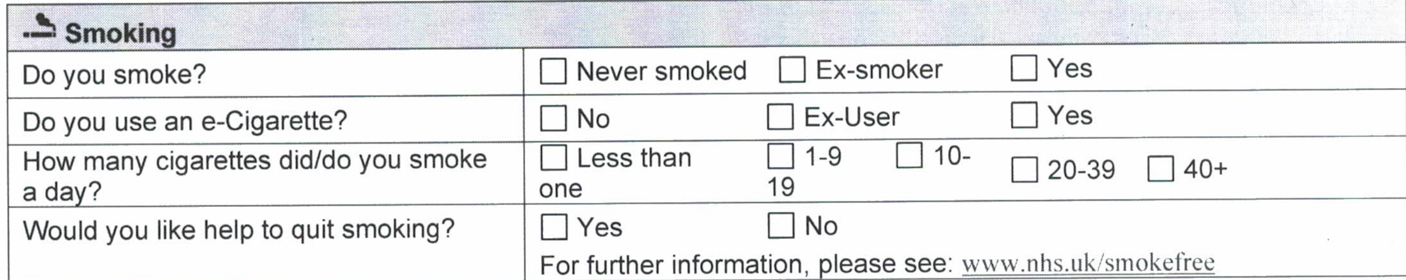
Family History

Has any blood relative suffered from any of the following, before the age of 60?

Condition	Yes	No	Which family member(s)?
Heart attack or angina			
Stroke			
Raised Cholesterol			
Asthma			
Diabetes			
Cancer (please state what type – eg lung, breast, colon ect)			

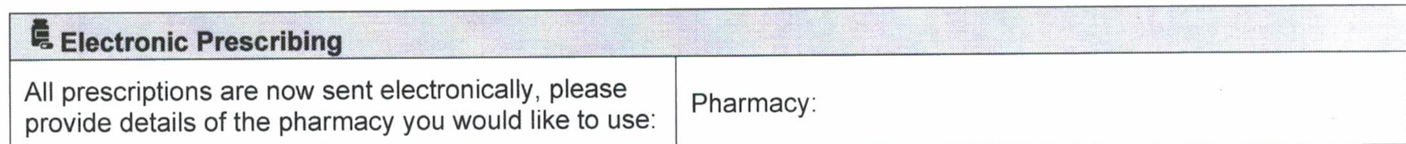


Alcohol Audit	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
For example, 1 unit = ½ pint of beer or lager, 1 small glass of wine or 1 single measure of spirits					TOTAL:	



Smoking

Do you smoke?	☐ Never smoked ☐ Ex-smoker ☐ Yes
Do you use an e-Cigarette?	☐ No ☐ Ex-User ☐ Yes
How many cigarettes did/do you smoke a day?	☐ Less than one ☐ 1-9 ☐ 10-19 ☐ 20-39 ☐ 40+
Would you like help to quit smoking?	☐ Yes ☐ No For further information, please see: www.nhs.uk/smokefree



Electronic Prescribing

All prescriptions are now sent electronically, please provide details of the pharmacy you would like to use:	Pharmacy:

Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ Yes *(recommended option)* ☐ No

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

☐ Yes *(recommended option)* ☐ No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes *(recommended option*)☐ No

Signatures

Signature	I confirm that the information I have provided is true to the best of my knowledge. ☐ Signed on behalf of patient

STAFF ONLY:

Type of ID seen		Date		Staff Member	