

Welcome to Shelley Manor and Holdenhurst Medical Centre

To help us get to know you and give you advice about your health, please complete this form when you register with the surgery.

Surname			
First Name			
DOB			
Height		Weight	
Email address (PRINT)			

Blood Pressure

If you are aged 45+ we are required to record your blood pressure. Please would you record your blood pressure (blood pressure machine is located in the waiting room) and attach your reading to this questionnaire. Please ask reception for assistance if needed.

Ethnicity - Please tick which best describes your ethnicity

White British Irish Any other White background (which country?)

Mixed White and Black Caribbean White and Black African White and Asian.....

Any other mixed background (which country?)

Asian or Asian British.....Indian Pakistan Bangladeshi

Any other Asian background (which country?).....

Black or Black British

Caribbean African Any other Black background (which country?).....

Other Ethnic Groups Chinese Any other Ethnic group (which country?)

What is your first language?

Medication allergies - Please list any medicines which you are allergic to and describe their effect.

Date	Medication	Effect

Smoking

Please tick which of the following applies to you.

Smoker		Ex-Smoker		Non- Smoker	
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We strongly advice that you do not smoke. If you do and would like information about how to stop smoking there is a self referral process, Tel 08000 00 76652.

Immunisation History

Please would you supply us with details of any known immunisations you have had. We are especially concerned re the MMR (Measles, Mumps and Rebella) vaccination. Have you been immunised for this? Yes No Unsure

If yes please give the date of immunisation if known

Please also complete the other side

Alcohol

If you are age 16+ please tick the boxes which apply to you for each question.

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

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)			

Do you care for someone with a long term illness or condition? Yes / No

Do you have carer to help look after you? Yes / No

Do you live in a Nursing Home? Yes / No Do you live in a Residential Home? Yes / No

Nominated Pharmacy

Shelley Manor Medical Centre uses the Electronic Prescribing Service to help our patients deal with their prescriptions quickly and easily.

Would you like your prescriptions to be sent electronically to a local pharmacy? Yes / No

If so which pharmacy would you like to use?

Accessible Information Standard – Communication Needs

Do you have hearing impairment? Yes / No Do you have a visual impairment? Yes / No

Do you have learning disabilities? Yes / No

Would you like us to send some information to help you with communication needs? Yes /No

Do you agree to sharing information regarding these needs? Yes / No

Allocated GP You will be allocated a named GP who is responsible for your overall care.

Should you wish to know who this is, please ask at reception. You are still welcome to book an appointment with ANY of our GP's.

FOR OFFICE USE ONLY	Checked by:
Type of ID seen:	Date: