

## PRIVATE AND CONFIDENTIAL

### NEW PATIENT REGISTRATION QUESTIONNAIRE

To be completed for all new patients under 16 years of age

THE SURGERY  
CHURCH ROAD  
LYMINGE  
FOLKESTONE  
CT18 8HY  
Telephone: 01303 862109  
Fax: 01303 863643

Email: [kmccg.lymingsurgery@nhs.net](mailto:kmccg.lymingsurgery@nhs.net)

A very warm welcome to our small rural dispensing Surgery which accepts patients from Lyminge, Hawkinge, Elham, Stelling Minnis, Rhodes Minnis, Ottinge, Postling, Newington and other local surrounding Villages.

Please kindly complete all 2 pages of this questionnaire along with a fully completed GMS1 registration form so we can input your information onto our clinical system.

**Your Allocated Named GP is Dr Zaw Thike**

Should you require any further information or assistance then please do not hesitate in speaking to a member of the reception team or the Practice Manager

**PLEASE BRING BACK TO THE SURGERY – DO NOT POST**

**Reception Staff Only – Please initial to confirm completed**

Emis Number	
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Family/Relationship Link		Communication and/or information needs	
Ethnicity		Under 16s New Patient Template completed	

**PRIVATE AND CONFIDENTIAL**

**Personal Information**

<b>Title:</b>	<b>Forename:</b>	<b>Surname:</b>	<b>Date of Birth:</b>
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<b>Address:</b>
<b>Postcode:</b>

<b>Home Telephone Number:</b>	<b>Mobile Number:</b>
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<b>Email Address:</b>
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**Please note: ALL CONTACT DETAILS WILL BE SHARED AND COULD BE USED FOR DIRECT PATIENT CARE**

<b>Parent/Guardian/First Contact of patient</b>	<b>Parent/Guardian/Second Contact of patient</b>
Name	Name
Telephone number	Telephone number

<b>Ethnicity</b>
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<b>First Language</b>		<b>Translator required</b>	<b>YES</b>	<b>NO</b>
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<b>Communication needs</b> <b>Do you have any communication/information needs relating to a disability, impairment or sensory loss and if so what are they (please give details):</b>	<b>YES</b>	<b>NO</b>
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<b>Do you have any allergies?</b> If yes please state what they are:	<b>YES</b>	<b>NO</b>
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<b>Your Prescriptions – If you live more than 1 mile from a Pharmacy we are able to dispense your medication to you from the surgery – if you live under 1 mile we will send your prescriptions electronically to the Pharmacy of your choice</b>
Which Pharmacy would you like your prescriptions sending to?

**Your Health Records** Your health records contain confidential patient information, which can be used to help with research and planning. If you would like this to stop, you can opt out of this yourself or on behalf of someone else. For example, if you are a parent or guardian of a child under the age of 13. Your confidential patient information will still be used for your individual care. Any choice you make will not change this. For further information or to opt out please go to [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

**Carers**

A carer is someone who looks after a relative or friend who needs support because of age, physical or learning disabilities or illness.

Parent carer - a parent of a disabled child often see themselves as parents rather than carers, however additional services and support may be available

Young carers – This means carers who are under 18. The person receiving care is often a parent, but it could be a brother, sister, grandparent or another relative who needs support.

**If you are a carer and would like your name to be added to our register of carers, then please ask at reception for a carer form.**

<b>Are you a young carer?</b>	<b>Yes</b>	<b>No</b>
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<b>Does someone care for you?</b>	<b>Yes</b>	<b>No</b>
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**New patient questionnaire for under 16 years of age – 3 page document read and completed**

<b>Signature of Patient or Representative</b>	<b>Date Completed</b>
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