

Do you have any **drug allergies**? Please give details _____

Would you like an HIV test? If YES sign _____ date: _____

If NO sign _____ date: _____

If YES, please make an appointment at your earliest convenience to discuss.

Would you like a New Patient Check? YES NO

If YES, please make an appointment with the practice nurse at your earliest convenience.

Medical Details

Have you had any serious illnesses or operations current or past? Please list:

_____ Year _____

_____ Year _____

The FAST Alcohol test : please answer all 4 questions by **circling** answer

1. How often do you have eight or more drinks on one occasion? Six for women?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

3. How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

4. Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

Smoking: Have you ever smoked Cigarettes/Cigars YES NO

When did you give up? _____ How many were you smoking a day? _____

Are you still smoking? YES NO How many per day _____

Would you like help to give up smoking?

Please call **0203 228 3848** for an appointment to help you give up smoking.

For Female Patients

Have you ever had a smear test in England? YES/NO

Had a smear test done abroad? YES/NO

When? _____ Where? _____ Results? _____

Language

What is the **MAIN** language you speak at home? _____

417 Lordship Lane Surgery

New patient Registration

Have you Been Registered with Lordship Lane Surgery before **YES** **NO**

Personal Details

Please use BLACK PEN when completing this form

Mr/Mrs/Ms/Miss/Other: _____ NHS Number: _____

First Name: _____ Middle Name: _____

Surname: _____ Date of Birth: _____

Previous Surname: _____

Address: _____
_____ Pos Code: _____

Place of Birth: _____ Male: _____ Female: _____ Please tick

If you are from abroad, date you came to live in the UK: _____

Previous address: _____

_____ Post Code: _____

Previous GP Details: _____

_____ Post Code: _____

Home telephone number: _____ Mobile: _____

Work Telephone Number: _____ Work as: _____

Next of Kin: _____ Mobile Number: _____

Relationship to the next of Kin: _____

Can we contact your **Next of Kin in an emergency?** **YES** **NO**

Carers Details:

Do you provide care/support for anyone who is disabled, Infirm or ill **YES** **NO**

If YES, Who?: _____ Do you have a carer? YES/NO

If YES, Who is your carer? _____ Contact Telephone Number: _____

Souhtwark Carers Tel: 02077084497. The Practice has PPG meeting every two months, All welcome .

Repeat Medication: Are you on **REPEAT MEDICATION?** **YES** **NO**

If YES Please make an appointment with the Doctor or Practice Nurse and bring **ALL YOUR MEDICATION** with you.

Do you need an interpreter? YES NO

Ethnicity

Please tick appropriate group

| | |
|--------------------------------------|---------------------|
| Do NOT wish ethnicity to be recorded | Pakistani |
| White British | Bangladeshi |
| White Irish | Other Asian Origin |
| Other White | Black Caribbean |
| Mixed Black Caribbean/White | Black African |
| Mixed Black African/White | Other Black Origin |
| Mixed White/Asian | Chinese |
| Mixed other Origin | Any other Ethnicity |
| Indian | |

Please name who else lives in your household?

Patient Forum group

Would you like to join our patient forum group and help develop our services? YES NO

Email Address _____

ON-LINE - booking Appointments and ordering Prescriptions

Would you like to be registered for ON-LINE bookings? YES NO
(If yes, please pick up your ON-LINE registration form in 48 hours from reception)

SIGNATURE: _____ DATE: _____

NHS Organ Donor Registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply

- Any of my organs and tissues or
- Kidneys Heart Liver Corneas Lungs Pancreas

Signature confirming my agreement to organ/tissue donation _____ Date: _____

For more information, please call 0300 1232323 or visit the website at www.uktransplant.org.uk

NHS Blood Donor Registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

_____ Date: _____

Please complete your personal details, sign, date tick one of the options below and hand to reception

| |
|---|
| Surname |
| Forename |
| Date of Birth |
| Address |
| |
| |
| Patient/parent/guardian/carer signature |
| Date |

PLEASE TICK

- I do want to have a Summary Care Record, I am happy for my records to be sent to it.
- I do not want a Summary Care Record, I am not happy for my records to be sent to it

If you live in our catchment area we will happy to register you at our surgery.

What you will need to bring with you to register at The Nunhead Surgery:

- * **NHS number** – You can obtain this from your Current GP.
- * Current GP's name and address including **POSTCODE**
- * Current proof of address
e.g. Utility bill, bank statement, rent book.
- * Photo ID
e.g. Passport, driving licence, student card.

If newly arrived in the country:

- * Passport – with Visa
- * 2 current proof of address