

Woodley Village Surgery
NEW PATIENT QUESTIONNAIRE



Welcome to Woodley Village Surgery

To register with the practice, please complete the questionnaire below. The information you provide will help us to provide safe medical care. The completed form can be emailed (woodleyvillagesurgery@nhs.net) or handed in at reception.

For those patients taking regular prescribed medicines, ***please ensure you have 1 months' supply from your existing GP before you register*** - you will need to book a face to face appointment with your new GP within 3 weeks of registering before your repeat medications can be issued.

(Please bring a copy of your repeat slip and boxes of medication to your appointment)

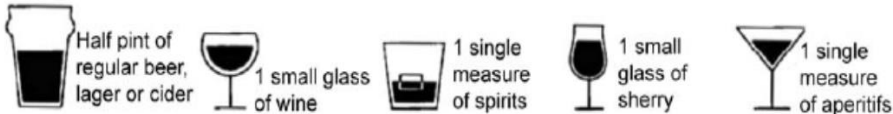
Note: For those patients taking regular opioid/other addictive medication, if the GP feels they are not indicated for your condition(s), attempts will be made to try and bring you off them

PERSONAL DETAILS:

Title _____		Date of Birth _____	
Forename(s) _____		Surname _____	
Address _____		Postcode _____	
Have you been registered here before? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Next of Kin _____		NOK Contact Number _____	
Ethnic Group	White <input type="checkbox"/>	Mixed <input type="checkbox"/>	
	Asian, Asian British <input type="checkbox"/>	Chinese <input type="checkbox"/>	
	Black, Black British <input type="checkbox"/>	Other (Please specify) _____	
Telephone Number(s)	Home	_____	
	Mobile	_____	
	Email	_____	
Text Messaging			
We send appointment reminders and other notices via text message. Please tick the box if you <u>DO NOT</u> wish to benefit from this service <input type="checkbox"/>			
Online Services	The surgery offers an online service for booking GP appointments and ordering repeat medication. By ticking 'yes' below, account details required to register will be sent to your provided email address.		
	Do you wish to register for online services? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Are you a Carer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Please List your repeat medication	
Summary Care Record	Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. If you are happy for your information to be used in this way you do not have to do anything. If you wish to prevent this from happening please ask at reception for a summary Care Record Op Out Form.
Would you like to join our <i>Patient Participation Group</i>?	YES <input type="checkbox"/> NO <input type="checkbox"/>

HEALTH QUESTIONS:

Do you have any allergies?	
Do you smoke?	NO <input type="checkbox"/> Ex-smoker <input type="checkbox"/> YES <input type="checkbox"/> How many cigarettes a day _____ Would you like some help to stop? YES <input type="checkbox"/> NO <input type="checkbox"/>
How much do you weigh?	
How tall are you?	
Alcohol consumption	This is one unit of alcohol: 
How many units of alcohol do you drink a week?	