

WELLINGTON
Medical Practice

Full Name:		
Date of Birth:		
Address and Postcode:		
Telephone Number:		
Work Number:		
Mobile Number:		
Email Address:		
NHS Number:		
Town & Country of Birth:		
Next of Kin Details:		
Can we discuss your medical Record with your Next of Kin?	Yes	No
Are you happy to receive text messages from the Surgery?	Yes	No
Can the Surgery leave you voicemails on the numbers you have provided?	Yes	No

If under 18 are you a looked after child?	Yes	No
If Yes, Please state name and phone number of main carer.		

What is your ethnic origin?		
What is your first language?		
Do you require an interpreter?	Yes	No

Health And Medical Background	
What is your Height?	
What is your weight?	
Do you have any long standing medical conditions?	
Do you currently take any medication? If yes please give details.	
Do you consider yourself as disabled? Please specify	
Do you have a Learning disability? Please specify	
Do you have any allergies? Please specify	

Are there any serious illnesses that affect your parents or siblings?	Diabetes	Heart attack after 60	Heart attack before 60
	Breast Cancer	High Blood Pressure	Asthma
	Stroke	Bowel Cancer	Thyroid disorder

Smoking and Alcohol Status		
Are you a current Smoker?	Yes	No
Have you ever smoked?	Yes	No
How many do you, or did you smoke a day?		
Do you use an e-cigarette or vape?	Yes	No
If you are a current smoker do you want information about smoking cessation services?	Yes	No
Do you drink Alcohol?	Yes	No
How many units do you drink a week?		

	0	1	2	3	4
How often do you drink more than 6 units in a day?	Never	Monthly or less	Monthly	Weekly	Daily or nearly daily
How often do you have a drink that contains Alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
How many units do you have on a day that you drink Alcohol	0 - 2 drinks	3 - 4 drinks	5 - 6 drinks	7 - 9 drinks	10+ drinks

Summary Care Record (SCR) - The NHS has changed the way your information is shared among NHS hospitals and Doctors. The SCR is made up of two parts.		
1) Basic - Allergies and Medications		
2) Additional Information - Allergies, Medications and Health problems		
Do you want to have a SCR created		
Basic	Additional Information	No, I do not want a SCR

Named GP (the receptionist will tell you who this is)	
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Additional Information for Patients under the Age of 5	
Birth Weight	
Type of Delivery	
At what Gestation was the baby born?	

For office use only:

Reception Checklist

Item	Initials
Have all sections of the purple form been completed?	
If born outside of the UK have the supplementary questions been answered?	
Have all the questions been answered on this sheet?	
Have you informed the patient of their named GP?	
Have you taken photocopies of ID?	
Have you checked the address is within the catchment area?	

Date registration received:	
Date put on Computer:	