

Dr A M Purcell Dr K Malone Dr Lockwood Dr Blunden Dr Harding Dr Ku

In order for us to provide you with the best medical care, please complete this questionnaire. Please circle if there is a particular Doctor you would like to be registered with.

### Personal Details

Name	
Sex	Male / Female
Date of Birth	
Marital Status	
Place of Birth	
Ethnic Origin	
Religion	
Have you been registered at this surgery before?	YES / NO
Telephone: Home	
Mobile	
Work	
Email Address	
Would you consent to being contacted by the surgery via	E-mail YES / NO
	Text YES / NO
Occupation or Name and Address of School	
Next of Kin (Please supply name, address, telephone number and relationship)	
Are you a carer? If yes, who do you care for and why? What care do you provide?	
Do you have a carer?	
What is your first language?	
Do you require an interpreter?	

### Family History

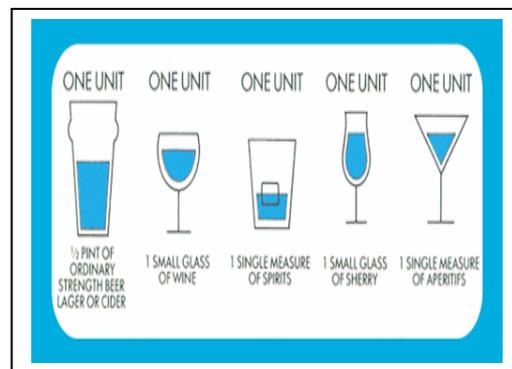
Do any members of your immediate family have any of the following? (i.e. mother, father, brothers, sisters, grandparents)	Illnesses	YES / NO	Family member, age diagnosed and details
	Heart disease		
	Stroke		
	Diabetes		
	Asthma		
	Cancer		
	High Blood pressure		
	Glaucoma		

## Medical Information

List any illness you have had in the past or are taking regular medication for at present.	
Are you on any regular medication?	
Do you currently have your prescription sent straight to a pharmacy for dispensing?	YES / NO
If this request is from your old surgery do we need to remove the pharmacy from your records?	YES / NO
Which local pharmacy do you want to have your script sent to?	
Are you currently under the care of any specialist? (If 'YES', please give name, speciality and hospital).	
Are you allergic to any drugs or medicines? If 'YES', please list drug and the reaction it caused.	

## ALCOHOL CONSUMPTION

		Please tick
How often do you have a drink containing alcohol?	Never	
	Monthly or less	
	2-4 times a month	
	2-3 times a week	
	4 or more times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	N/A	
	1 or 2	
	3 or 4	
	5 or 6	
	7 or 8	
	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	N/A	
	Never	
	Less than monthly	
	Monthly	
	Weekly	
If we require more information regarding your alcohol consumption would it be okay for us to send you a further questionnaire?	Yes	
	No	



Do you smoke?	YES / NO	If you smoke and would like some help in giving up, please contact "Healthy Living Southampton" on 0300 1233791, or make an appointment with your GP.
If 'YES', how many do you smoke a day	..... per day	
Are you an ex-smoker?	YES /NO	
When did you stop smoking?		

**Female only**

What form of contraception do you use?	
When did you have your last cervical smear?	

Please tick this box if you would like to be involved in our Patient Representative Group. This involves receiving 2-3 e-mailed surveys yearly and is a great opportunity to give your views and opinions to the surgery.

If you are already registered at another local surgery and want to register here without changing address please give an explanation why.

### Sharing Medical Records

It is possible for other health organisations that use the same clinical system as us, such as the Walk-in centre and podiatry etc. to be able to see your health records. **These records are not shared with anyone else.**

You can change your mind at any time.

#### Sharing out

**Do you consent to the sharing of data recorded here with other organisations that may care for you?**

- Yes
  
- No

#### Sharing in

**Do you consent to the viewing of data here that has been recorded at other services that may have cared for you?**

- Yes
  
- No

Thank you for taking the time to complete this questionnaire.  
Please make an appointment with the Practice Nurse for your "New Patient Health Check"  
when your registration has been accepted.

#### **For office use only**

Photo ID Seen	
Address ID Seen	
Check Date of Birth and Spelling of name from ID	

The information you supply us with will be used lawfully, in accordance with the Data Protection Act, 1998. The Data Protection Act 1998 gives you the right to know what information is held about you and sets out rules to make sure that this information is handled properly.