

New Patient Additional Information Required

Welcome to Crickhowell Group Practice. Please take a few minutes to complete the questions below.

Your Contact Details

Title..... Surname

First Name(s) Date of Birth

*Home Tel Work Tel.....

**If this is a mobile # is it a Family or a Personal Contact line? FAMILY / PERSONAL*

Mobile Tel (Please circle preferred contact #)

You will receive text appointment reminders to your mobile number unless you opt out. Tick here if you want to opt out.

E-mail

Are you happy to be contacted by e-mail? YES / NO

Carers

Do you have a carer? YES / NO

Are you a carer / do you look after someone? YES / NO

(If you answered YES a separate form will be given to you for completion)

Smoking Status

Do you smoke? YES / NO Are you an ex-smoker? YES / NO

I have never smoked YES / NO Would you like smoking cessation

If YES, how many cigarettes / ounces advice? YES / NO

do you smoke in a day?

Registering Newborn Infants – complete if registering an infant for the first time

Parental Responsibility is a legal term that means having all the legal rights, duties, powers and responsibilities for a child (under the age of 18). A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either married to the child's mother or listed on the birth certificate (after 1 December 2003 in Wales). Please list below persons who hold parental responsibility for the above named child. (We may request to see the birth certificate in some circumstances)

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Contacting you

I **approve / do not approve** (circle relevant value) of being contacted from time to time, via email and/or SMS, with practice news, advice about my health and or appointment reminders.

Signature **Date**.....

We strongly recommend new patients see our Health Care Assistants for a health check within six months of registration.

Please book at reception