

## 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.**

**Language preference** English / Welsh (please delete as appropriate)

### 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)

.....  
.....

### Past Medical History

Please give details of any treatments / medical conditions:

.....  
.....

### 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? .....

**Military Veteran**

Have you ever served in the Armed Forces?

YES / NO

**Communication**

Do you have any communication / information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

.....  
.....  
.....  
.....

**Alcohol**

For the following questions please answer to the best of your knowledge. We have provided a basic guide to alcohol content to assist completion.:

A 750ml bottle of wine contains 10 units

A Standard (175ml) contains 2 units

A single small shot of spirits (25ml) contains 1 unit

A standard 70cl bottle of spirits contains 28 units

A pint of 3.6% strength lager/beer contains 2 units

A pint of 5.2% lager/beer contains 3 units

Follow the link below to access more information including a guide to calculating your alcohol intake – Alcohol units – NHS ([www.nhs.uk](http://www.nhs.uk))

Or you can use the Alcohol Change's calculator – Unit calculator | Alcohol Change UK

**How many units of alcohol do you drink a week?.....**

**Height and Weight**

Please tell us your most recent measurements for the following (if known)

**Height:** .....

**Weight:** .....

Please note, we may contact you to offer you support or advice if appropriate based on your submission.

**NB: The following information you supply may assist us to provide good care for you whilst we wait for your previous medical records**

**Family History**

Is there any of the following in your family (father, mother, brother, sister) before the age of 65?

Heart disease?                      YES / NO              which family member? .....

Stroke?                                      YES / NO              which family member? .....

Cancer?                                      YES / NO              which family member? .....

Site of cancer? .....

**Medication**

Please give details of any medication which you take (prescribed or otherwise):

Name of drug	Dosage

Please attach or forward us your most recent repeat medication slip if you have one.

**Allergies**

Do you have any allergies?      YES / NO

If Yes, please give details:

.....  
 .....

**Carers**

Do you need / have anyone who looks after you or your daily needs as Carer?  
YES / NO

If yes, would you like them to deal with your health affairs? YES / NO  
**(A member of reception staff can help with these arrangements)**

Do you care for anyone else? YES / NO  
**(If yes, please ask reception staff about Carers support)**

### **Contacting you**

We have an electronic method of contact available for patients to contact the surgery for non urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred email address for this purpose?

**\*Yes / No (please delete as appropriate)**

Email address .....

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***