

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 If

Would you like smoking cessation

YES, how many cigarettes / ounces do
you smoke in a day?

advice? YES / NO

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)

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 attach or forward us your most recent repeat medication. If you do not have one please contact your previous surgery and request them to forward it to info.crickhowell@wales.nhs.uk . **Please note we will not be able to process any repeat medication until this has been done.**

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)

Blood Transfusions

Have you received a blood transfusion prior to 1996?

YES/NO/
DO NOT KNOW

Ethnicity

Asian, Asian Welsh or Asian British	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	

Black, Black Welsh, Black British, Caribbean or African	
Caribbean	
African	
Any other Black, Black British, or Caribbean background	

Mixed or multiple ethnic groups	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other Mixed or multiple ethnic background	

White	
Welsh, English, Scottish, Northern Irish or British	
Irish	
Gypsy or Irish Traveller	
Any other White background	

Other ethnic group	
Arab	
Any other ethnic group	

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