

Waterfield House Surgery

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Waterfield House, 186 Henwood Green Road, Pembury, Kent TN2 4LR, Tel: 01892 825488

The doctors, nurses and staff welcome you as a patient and as part of our commitment to promoting better health. Please complete and sign the following confidential questionnaire and hand back to reception when you register with our surgery.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname..... Forenames.....

Address.....

.....Post Code.....

Telephone no.....Mobile no.....

I do I do not give consent for Waterfield House to leave messages on my phone.

I do I do not give consent for Waterfield House to provide appointment reminders/cancellations using SMS text.

E-mail

I do I do not give consent for Waterfield House to communicate with me via email.

I do I do not want to receive newsletters & information from the Patient Participation Group

Date of Birth.....Place of Birth.....

Do you have a Carer? **YES / NO** If YES, please give their name.....

Are you a Professional/Personal Carer? **YES / NO**

If you are a Personal Carer, please give the name of the person you care for
and their GP Surgery.....

Do you share your home with patients already registered at this surgery? **YES / NO**

If YES please give names:

If English is not your first language, please state your first language:

Would you need an interpreter? **YES / NO**

1. MEDICAL DETAILS – ALL PATIENTS

Please give details of current medical problems for which you are receiving treatment, giving details of any hospital clinics you are attending (if none please write "NONE"):

.....
.....

Please list all drugs, pills or medicines you are currently taking, together with their doses:

.....

If you are on regular repeat medication, please bring in copy of the repeat prescription

Please list any illnesses that run in your immediate family (eg asthma, blood pressure, cancer, diabetes, epilepsy, glaucoma, heart attack, stroke)

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Do you suffer from any allergies? **YES / NO** If YES please give details:

.....

Your weight.....Your height.....

Have you ever smoked? **YES / NO** If you have given up please give date.....

If you are a current smoker do you smoke: Cigarettes / Cigars / Pipe

How many do you smoke per day?.....

How many units of alcohol do you drink per week?.....
 (one unit is a 125 ml glass of wine, a single 25 ml measure of spirit or half a pint of beer)

How do you categorise your daily/weekly exercise?
 Inactive / Gentle / Moderate / Vigorous (delete as appropriate)

If your blood pressure has not been checked within the last 5 years please use our BP machine.

2. RECORDING ETHNICITY

Please choose one option that best describes your ethnic group or background:

WHITE:		ASIAN OR ASIAN BRITISH:	
BRITISH	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
		Any other Asian background	<input type="checkbox"/>
Mixed:			
White & Black Caribbean	<input type="checkbox"/>	BLACK OR BLACK BRITISH:	
White & Black African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
NOT STATED:		OTHER ETHNIC GROUPS:	
I don't wish to give ethnicity	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
		Any other ethnic group	<input type="checkbox"/>

3. ELECTRONIC PRESCRIPTION SERVICE (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from. (More information is available at the reception desk). Nominated Pharmacy - Please tick one:

Pembury Pharmacy, Pembury	<input type="checkbox"/>	Paydens Pharmacy, St. John's Rd, TW	<input type="checkbox"/>
Greggswood Pharmacy, Greggswood Road, TW	<input type="checkbox"/>	AE Hobbs Ltd, Mount Pleasant, TW	<input type="checkbox"/>
Hollis Pharmacy, Upper Grosvenor Road, TW	<input type="checkbox"/>	Paddock Wood Pharmacy, Commercial Road	<input type="checkbox"/>
Greens Chemist, London Road, Southborough	<input type="checkbox"/>	Imperial Pharmacy, The Pantiles, TW	<input type="checkbox"/>
Carrs Corner Chemist, Calverley Road, TW	<input type="checkbox"/>	Llyods Pharmacy (in Sainsburys), Linden Park Road, TW	<input type="checkbox"/>
Boots Pharmacy, Royal Victoria Place, TW	<input type="checkbox"/>		

4. PATIENT ACCESS (ONLINE SERVICE)

You will be able to use Patient Access for online appointment booking, ordering repeat prescriptions and accessing medical records. We will need to verify you in person along with photo identification like passport/driving licence. Your User ID and PIN number will be emailed to you. More information is available at the reception desk.

If you do not want to use this service then please tick here to opt out

5. NEXT OF KIN AND CONSENT FOR SHARING MEDICAL INFORMATION

Name: Relationship:

Contact number, telephone..... Mobile:

I give I do not give consent for Waterfield House to contact the above person about any aspect of my medical care and/or treatment.

In accordance with the Data Protection Act, Waterfield House Practice needs consent from a patient. If we do not have consent, we will be unable to send you a message or get in touch with third a party, (unless it is thought to be a medical emergency).

These details are to remain in force until further notice of amendment by me:

Signed:..... Print full Name:.....

Date: Date of Birth:

To be filled in by Waterfield House Staff Only

Identity checked:Initials

Residency checked:Initials