

# Welcome to Vida Healthcare



## Please complete both sides of the registration form

In order to make our medical care more efficient we would be grateful if you could complete this form today and hand into reception.

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr Other .....	NHS Number (if known): ..... <i>Please contact previous GP if not known.</i>
First Name: .....	Date of Birth: .....
Surname: .....	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: ..... .....	
Post Code: .....	Place of Birth: .....
Tel (Home): ..... (Work): ..... (Mobile): .....	
Email: .....	
In Case of Emergency Contact: (Name): ..... (Tel): ..... (Relationship to you): .....	
Main Language Spoken: .....	

Ethnic Group (Please tick as appropriate):		
a) <b>White</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background <input type="checkbox"/>	b) <b>Black</b> British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black Background <input type="checkbox"/>	c) <b>Asian</b> British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian Background <input type="checkbox"/>
d) <b>Mixed</b> White and Black <input type="checkbox"/> Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed Groups <input type="checkbox"/>	e) <b>Other Ethnic Groups</b> Chinese <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/>	f) <b>Other</b> Not Stated <input type="checkbox"/>

Are you a registered carer? YES/NO If so who for: Name: ..... Tel: .....
Do you have a registered carer? YES/NO If so please give their details: Name: ..... Tel: ..... Relationship: .....

**THIS REGISTRATION FORM HAS THREE SIDES, PLEASE TURN OVER.**

<b>Alcohol Consumption</b>					
(1 Unit is approximately equal to ½ pint of beer, a small glass of wine or a single spirit.)					
Daily intake of alcohol:		OR		units per week	
<b>(PLEASE CIRCLE AS APPROPRIATE BELOW)</b>					
• How often do you have an alcoholic beverage?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
• On average, how many units do you consume a day?	1-2	3-4	5-6	7-9	10+
• In the last 6 months, how often have you had more than 6 units on any one occasion if female, or more than 8 units if male?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Would you like an appointment to discuss alcohol intake or receive further advice?					YES / NO

Height: .....	Weight: .....
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<b>Smoking Status:</b>	
<input type="checkbox"/> I am a smoker <input type="checkbox"/> I am an ex-smoker <input type="checkbox"/> I have never smoked	If YES, how many cigarettes do you smoke? /day  If you would like some support in giving up smoking, please contact the practice and we will arrange a referral

<b>Other:</b>
Do you suffer from any allergies, drug/non drug? (Please state)
Are you taking any regular medication? YES / NO
Any family medical history? (please state): Asthma / COPD/ Hypertension / Cancer/ Epilepsy/ Diabetes/ Heart disease
Are you currently or have you ever served in the armed forces?
Do you have any family members in the armed forces?

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### Accessibility - Communication Needs

If you have a communication need that you would like to advise us of, please complete the section below;

- ☐ I require large print ☐ I require written information
- ☐ I require information verbally ☐ I require Easyread
- ☐ Other (Please explain)
- ☐ I don't have a communication need.

### Health Check Invitation

Now that you are registering with the Practice you are entitled to see one of the nursing team to have a basic health check performed, this is available to you regardless of your age. We would suggest that anyone with a known medical condition books to see one of the relevant chronic disease nurses.

However, if you're aged 40 to 74, and not already on a disease register, you will be entitled to an NHS Health Check. If you're in this age group, you can expect to receive a letter inviting you for a check. Don't worry if you haven't got your invitation yet, you will be invited for one over the next few years. If you've already had an NHS Health Check, you can expect to have another one in five years' time.

If you wish to be contacted to book your Health Check, please tick ☐

### Online Services

Please refer to the Online Services Information Leaflet enclosed in this pack. Once access has been set up you may be asked some personal details prior to the release of your password, for verification and security purposes.

Please provide your email address: .....

If you would like to sign up for Online Services, please tick ☐

If you would like to sign up for Online Services **on behalf of a child (under 14 years)**, please tick ☐  
(If you are signing up on behalf of a child and will be the one accessing the account, please fill in the fields below.)

Parents Name: .....

Parents Date of Birth .....

### Dispensing - For Gayton Road Health Centre & Carole Brown Health Centre patients

Vida Healthcare has a dispensary at our Carole Brown Health Centre branch and is able to offer a full dispensary service for patients living in many villages.

Repeat medication is ordered via the dispensary and dispensed to you, either by collection at the chosen surgery or home delivery. The dispensary also offers a managed repeat service, where medication is automatically ordered each month and is available via delivery or collection. If you wish to find out more about the dispensary's services please call them on 01485 545365

If you live in one of the villages that the dispensary covers then we will automatically enroll you for using the dispensary at registration. If you do not wish to use the dispensary please advise the staff when returning this form