

# **Nightingale House Surgery**

## **New Patient Information**

Practice Staff Use  
Reg by:  
NPC Date:  
NPC Time:  
Data entered by:

**First Names:**

**Surname:**

**Date of Birth:**

**Age:**

**Sex:** Male / Female

**Address:**

**Postcode:**

**Email address:**

**Mobile Phone Number:**

**Home Phone Number:**

**Work Phone Number:**

**Marital Status:** Married

Single

Other

**Occupation:**

**Ethnic Classification:**

**White:** British Irish Scottish English European Other:

**Black:** British Caribbean African Other:

**Asian:** Indian Pakistani Bangladeshi Chinese Other:

**Mixed Race:** White & Black Caribbean White & Black African Asian & White Other Mixed:

**Is English your first language?** Yes/No

**If no what language do you speak?** .....

**Do you require an Interpreter?** Yes/No

**Do you have any sight, hearing or learning difficulty?** Yes/No

**If so do you have preferred methods of communication?**.....

**Please give details and dates of any serious illnesses, operations, X-rays or similar tests.**

**What medicines are you taking?**

**Have you any allergies to medicines or anything else?**

**Please list all vaccinations have you had and when?**

**Do you smoke and if so how many cigarettes, cigars or roll-ups per day?**

Non smoker 1-5 a day 6-10 11-15 16-20 20+ 40+

**Would you like some help or advice in relation to stopping smoking?** Yes/ No

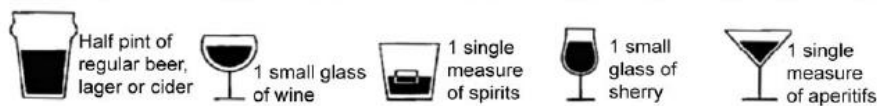
**Are you a carer for someone else?** Yes/ No

*(Please continue on the next page)*

*Would you like to book appointments, order repeat medications and view medical records on-line? If so please ask our reception staff AFTER your new patient registration check appointment.*

*Because alcohol use can affect your health and interfere with certain medication please be honest in your response to the following questions.*

## This is one unit of alcohol...



## ...and each of these is more than one unit



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

## Please list any family members with a history of the following:

	Heart Attack	Cancer What type?	Diabetes	High Blood Pressure	Stroke	Asthma	Other Respiratory Problems	Other serious illness?
<b>Who?</b> e.g Mother/Father/Brother/Sister grand mother or father/ other blood relative								

Would you like us to record the contact details of your next of kin? This information may be provided to Emergency Services in an emergency. Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

### Female Patients Only

Have you had children? Yes / No If yes what are their dates of birth?

Have you had a miscarriage or termination of pregnancy? Yes / No  
If yes please give dates:

What month and year did you last have a smear test? What was the result?

**If ANY of the information you have given above changes PLEASE let us know ASAP, particularly contact details.**