

New Patient Health Questionnaire

Please complete the registration form as best you can. If you are unable or unsure of any information requested then please leave blank and discuss with the Healthcare Assistant at your new patient registration appointment.

Please complete a separate form for each family member to be registered.

Personal Information

Title	
Surname	
First Name(s)	
Previous Name (if applicable)	
Date of Birth	
Address:	
Email address:	
Telephone number:	Home: Mobile:
Please tick to consent to receive text updates or reminders for appointments:	YES NO
Have you previously been registered at Ty'r Felin Surgery?	YES NO
Gender identity:	
Ethnicity:	
Main language:	
Other languages:	
Occupation:	

Names and ages of children: (if applicable)	
Previous occupation if retired/unemployed:	
Do you have any sensory or communication difficulties?	YES NO If YES please give details below:
Do you have a disability?	YES NO If YES please give details:
Other residents of your home: Name: DOB: Name: DOB:	Registered GP:
Have you ever served in the Armed Forces?	YES NO (if YES please give details)
Are you a carer?	

About Your Health

Are you currently a smoker?	YES NO – If yes how many/much a day?
Have you ever been a smoker?	YES NO – If yes please provide details

How much alcohol do you drink in a week?	
How would you describe your usual exercise level?	Number of times per week..... INACTIVE (no exercise) MINIMAL/GENTLE (short walks, walk to shops) MODERATE (long walks, dancing, bike rides) VIGOROUS (playing sports, running, fast or hilly bikes rides)
Have YOU been diagnosed with any of the following:	Stroke/TIA Dementia Coronary heart disease (Angina/Heart attack): Heart failure Hypertension Asthma COPD Diabetes If YES please provide details with dates: Please list any other serious illnesses with dates:
Have you had any operations in the past?	YES NO If YES please provide details:
Regular medication: **IF APPLICABLE PLEASE ATTACH A LIST OF YOUR REPEAT PRESCRIPTION MEDICATION**	
Do you have any known drug allergies?	YES NO If YES please provide details

Have you made any Advance Decisions 'A Living Will' (a statement explaining what medical treatment you would not want in the future)?	YES NO If YES please bring a written copy of this to ensure this is included in your medical records.
Have you nominated someone to speak on your behalf (for example a person who has Power of Attorney)?	YES NO - If YES please state provide their name and contact details

Immunisations:

Are you up to date with immunisations? YES NO

If you have a copy of your immunisation history from previous GP or occupational health records then please include a copy with this form.

Women's Health

If applicable – When was your last cervical smear? Do you know the result? Was this done at your GP surgery? Have you ever required hospital treatment following your cervical screening?	
Date of last mammogram (if applicable):	
Method of contraception (if used): Date of last review of your contraceptive method: **Please make a nurse appointment to review your contraception if required**	

Family Illnesses

Are there any serious illnesses that affect your family? If YES please provide information on WHO is affected and where possible ages:

Asthma	
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Bowel cancer	
Breast cancer	
Diabetes	
Heart attack/Angina	
High blood pressure	
Psychiatric conditions (eg severe depression, bipolar affective disorder, schizophrenia)	
Stroke	
Other	

New Patient Check

To complete your registration you will require:

A registration appointment with the Health Care Assistant (for blood pressure check and urine dipstick screen)

OR

Attend the surgery for a blood pressure check at our surgery POD in reception; and drop a labelled urine sample for a screening dipstick test at reception (WHITE top bottles available in reception)

If you are on any regular medication then you will require a triage appointment with a GP.

Information about Ty'r Felin Surgery and services we offer is available at our website at www.tyrfelinsurgery.co.uk. Information is also provided in a leaflet 'A Guide to our Services' which is available at reception.

Thank you for completing this form.