

# The Ridgeway Surgery

## *Welcome to our surgery*

### New Patient Registration form for Adults (18+ Years)

**As part of our commitment towards improving health we expect:**

- ⇨ all qualifying women (25 to 65 years) to be up-to-date with cervical screening.
- ⇨ all patients with chronic medical conditions (e.g. heart disease, diabetes, asthma, epilepsy, chronic lung disease, etc) should make an appointment with our nurse as soon as possible.
- ⇨ If you are on repeat medication please attach a copy of your medication list and bring the list (or all your medicines) along on your first appointment.

#### PERSONAL DETAILS

YOUR NHS NUMBER:

TITLE: Mr / Mrs / Miss / Ms / Other .....

SEX: Male / Female

SURNAME:

PREVIOUS SURNAME:

FORENAME(S):

DATE OF BIRTH:

TOWN & COUNTRY OF BIRTH:

ETHNIC ORIGIN:

LANGUAGE:

INTERPRETER REQUIRED: Y/N

RELIGION:

#### CONTACT DETAILS

E-MAIL ADDRESS:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT'S PHONE NUMBER:

EMERGENCY CONTACTS RELATIONSHIP:

DO YOU LIVE IN A CARE / NURSING HOME? Y / N

ARE YOU A CARER? Y / N

WE MAY USE YOUR CONTACT DETAILS YOU HAVE GIVEN TO COMMUNICATE WITH YOU ABOUT PRACTICE SERVICES AND GENERAL MATTERS IF YOU WOULD LIKE TO RECEIVE THIS PLEASE TICK HERE

#### YOUR GENERAL HEALTH

Height:

Weight:

Smoker? No Never / Ex-smoker stopped .....

Smoker? Yes Smoke...../day since .....

Have you lived abroad in the last five years? Y/N

If you travel abroad regularly, are you up-to-date with your travel vaccinations? Y / N

Alcohol intake: .....Units/wk

(1 unit=1/2 beer, small glass wine, 1 single spirit)

1.	How often do you have a drink containing alcohol?	
	Never [Skip to Qs 9-10]	
	Monthly or less	
	2 to 4 times a month	
	2 to 3 times a week	
	4 or more times a week	
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	
	1 or 2	
	3 or 4	
	5 or 6	
	7, 8, or 9	
	10 or more	
3.	How often do you have six or more drinks on one occasion?	
	Never	
	Less than monthly	
	Monthly	
	Weekly	
4.	How often during the last year have you found that you were not able to stop drinking once you had started?	
0.	Never	
1.	Less than monthly	
2.	Monthly	
3.	Weekly	
4.	Daily or almost daily	
5.	How often during the last year have you failed to do what was normally expected from you because of drinking?	
0.	Never	
1.	Less than monthly	
2.	Monthly	
3.	Weekly	
4.	Daily or almost daily	
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	
0.	Never	
1.	Less than monthly	
2.	Monthly	
3.	Weekly	
4.	Daily or almost daily	
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	
0.	Never	
1.	Less than monthly	
2.	Monthly	
3.	Weekly	
4.	Daily or almost daily	
8.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	
0.	Never	
1.	Less than monthly	

2.	Monthly	
3.	Weekly	
4.	Daily or almost daily	
9.	Have you or someone else been injured as a result of your drinking?	
0.	No	
2.	Yes but not in the last year	
4.	Yes during the last year	
10.	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	
0.	No	
2.	Yes but not in the last year	
4.	Yes during the last year	
<b>TOTAL</b>		

**PAST & PRESENT MEDICAL HISTORY**

Include hospital admissions, operations, accidents, and chronic or serious illnesses

*Condition*

*Month / Year*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**FOR FEMALES ONLY**

Have you had a cervical smear

Y / N

If Yes, when? .....

Where? previous GP, other.....

Smear result *normal/abnormal/not sure*

Have you contraception needs?

Y / N

If Yes, current method.....

Have you had a hysterectomy?

Y / N If Yes, reason?.....

Date of operation: .....

## Patients Rights and Responsibilities

You will be treated with respect and as a partner in your care. Being a partner means you have responsibilities too.

We will:

- Ensure our patients have 24-hour access to medical advice.
- Aim for you to have access to a suitably qualified medical professional within 48 hours of your initial contact during surgery hours, or in an urgent case, the same day.
- Work in partnership with you to achieve the best medical care possible.
- Involve you and listen to your opinions and views in all aspects of your medical care.
- The prevention of disease, illness and injury is a primary concern.

The medical staff will advise and inform you of the steps you can take to promote good health and a healthy lifestyle. We would respectfully ask that you:

- Let us know if you intend to cancel an appointment or are running late. If you arrive late for your appointment, the clinician may not be able to see you.
- Treat staff with courtesy and respect. Reception staff may have to ask some personal questions to assist us in providing you with the best service
- Inform the practice staff of any alterations in your circumstances, such as change of surname, address or telephone number. Please ensure that we have your correct telephone number, even if it's ex-directory.

As patients, you are responsible for your own health and that of any dependents. It is important that you adhere to information and advice given to you by health professionals, and co-operate with the practice in endeavouring to keep you healthy.

### **Aggressive Behaviour**

We like helping our patients and will do our best for you, so please be nice to us too, even if at times you are frustrated. Most disagreements or misunderstandings are best sorted out by talking and you are free to use our complaints procedure if there is anything you are unhappy about.

The practice considers aggressive behaviour to be any personal, abusive and/or aggressive comments, cursing and/or swearing, physical contact and/or aggressive gestures.

The practice will request the removal of any patient from the practice list who is aggressive or abusive towards a doctor, member of staff, other patient, or who damages property.

All instances of actual physical abuse on any doctor or member of staff, by a patient or their relatives will be reported to the police as an assault.

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_