

Please bring along with you proof of ID
i.e. Passport, Driving licence, Birth certificate,
Utility Bill, Bus pass.



**The Mayflower
Medical Practice**

Please complete this questionnaire as fully as possible and pass back to Reception.

The information that you provide will help us assess your current health needs. This information is required to register you at the practice. You will have the option to arrange an appointment to see one of our healthcare assistants for a new patient check. This will involve going through this questionnaire and answering a few more questions about your health.

PERSONAL INFORMATION		
Title: Mr / Mrs / Miss / Ms / Rev / Prof / Dr		
Surname:	Forenames:	Middle Name:
Date of Birth:	Sex:	NHS No:
Address:		
Postcode:		
Telephone: Home No:		Mobile No:
<i>The practice offers a text messaging service to patients, if you would like to receive text messages from us please tick this box. Please ensure you have given us your mobile number, if you change your mobile number please keep us updated.</i> <input type="checkbox"/>		
Next of Kin:		
Children/Students only		
Which School do you attend:		
First Language:		
What is your ethnic group? (Please circle) <div style="display: flex; justify-content: space-around;"> Asian Bangladeshi Black African Black Caribbean Black Other </div> <div style="display: flex; justify-content: space-around;"> Chinese Indian Pakistani White British White Other </div>		
If other please specify		
	Yes	No
Are you a carer?		
Do you have a carer?		
PERSONAL MEDICAL HISTORY		
Do you suffer from any of the following:		
	Yes	No
Asthma, Bronchitis, COPD, Frequent chest infections		
Depression/Mental illness		
High cholesterol/fat in the blood		
High blood pressure		
Heart problems		
Diabetes		
Stroke		
Epilepsy		

	Yes	No
Do you have any disabilities? (e.g. Deafness, Loss of sight, Loss of limbs)		
Please describe:		
	Yes	No
Diet: Do you eat a varied diet?		
Are you a Vegetarian, Vegan...? Please describe:		
	Yes	No
Exercise: Do you exercise?		
How many hours per week?		
	Yes	No
Have you had any operations: (e.g. Tonsillectomy, Appendectomy, Hip replacement etc..)		
Please describe:		
	Yes	No
Do you have any allergies?		
If yes, please specify:		

HEALTH/LIFESTYLE INFORMATION

Height:

Weight:

Please complete the section below if you are aged 16 years and above.



Questions	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	9-10+
How often do you have 6 or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Would you like to discuss your alcohol intake if we feel that your current intake puts you at risk? (Please circle) **Yes / No**

If so, how would you like to be contacted: Letter ☐ Telephone ☐

	Yes	No
Do you smoke?		
If yes, how many per day?		
	Yes	No
If no, have you ever smoked?		
When did you stop?		
If yes , would you like to discuss giving up smoking? If you would, please contact the surgery to arrange an appointment with one of our Healthcare Assistants to discuss this, or contact the Smoking Cessation Clinic on Tel 0800 612 0011 .		

YOUR MEDICATIONS

If you are on any **repeat** medication please supply your **latest** counterfoil.

Please note: With any new patient it can take up to **two weeks** for us to prescribe and dispense your medication at the surgery, please ensure you have a supply from your previous practice to avoid running out.

IMMUNISATIONS

	Yes	No
Are you up to date with your Tetanus and Polio Immunisations? If you are not sure tick 'No'		
	Yes	No
Do you have an annual flu injection?		

FAMILY HISTORY

Do any close relatives (Mother/Father/Brother/Sister) have heart disease, stroke, diabetes, cancer or any other condition? <i>(Please specify the condition, relationship and age if known)</i>		
Condition	Relationship	Age

NEW MUMS

If you have recently had a baby we would like to know your Hepatitis B status *(Please circle)*

Negative / Positive

By registering at the practice you will have a Computerised Summary Care Record created. If you do not wish to have a Summary Care Record, you must inform the practice so that we can mark your records to say you have declined this.

www.mayflowermedicalpractice.nhs.uk