Registration Requirements.

YOUR NHS NUMBER WILL BE REQUIRED FOR REGISTRATION – please ask your previous GP for this information.

Upon applying to register at out practice please provide TWO or more of the of following:

- Passport
- Tenancy agreement
- School/college letter
- Benefits book/receiving pension in the UK
- Bank statement (we do not photocopy these)
- Work permit/Work Visa
- Sales of goods and properties overseas/Receipts to show shipping of goods (this will show commitment to move to the UK)
- Asylum seekers - Home Office entry document confirming application to for asylum.

- IND card (credit card sized photo card of individual with your name, date of birth, and home office reference number.

Category (please tick)

White British
White Irish
Any other white background
White and black Carribean
White and Asian
Any other mixed background
Indian
Pakistani
Bangladeshi
Any other Asian background
Black Caribbean
Black African
Another Black Background
Chinese
Other Ethnic Group:_____

Alcohol Consumption:

1. How often do you drink eight or more units (men) or six or more units (women) on one occasion?
•never (if this is your answer you can stop the test)
•less than monthly (1)
•monthly (2)
•weekly (3)
•daily or almost daily (4)

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
•never (0)
•less than monthly (1)
•monthly (2)
•weekly (3)
•daily or almost daily (4)

3. How often during the past year have you failed to do what was normally expected of you because you had been drinking?
•never (0)
•less than monthly (1)
•monthly (2)
•weekly (3)
•daily or almost daily (4)

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested that you cut down?
•no (0)
•yes, on one occasion (1)
•yes, on more than one occasion (2)

A FAST score of three or more indicates that you're drinking at a hazardous level.

DVGP

DEARNE VALLEY GROUP PRACTICE

New Patient Questionnaire

Help us to help you by completing this questionnaire

The details given below will be treated with the strictest confidence.

Name:_____

Date of Birth_____

Address:_____

_____

_____

_____

_____

_____

Smoking Details:

Please indicate:

Never smoked/ex-smoker/smoker

Amount used to smoke:

Current smoker

Pipe

Cigar

Rolls Own

Cigarettes smoked:_____

Passive risk: YES – NO

If you are a smoker, have you been offered advice on smoking cessation services available?

YES – NO

If Yes, what date? _____

Height: _____

Weight: _____

Ladies only ~ Date of last smear:-_____

Amount and Type of Exercise:

_____

_____

_____

_____

_____

_____

Your family history:

Heart Disease

Angina

Hypertension

Coronary Heart Disease (under sixty years old)

Relationship

Coronary Heart Disease (over sixty years old)

Relationship

Other family History

_____

_____

_____

_____

_____

_____

Any Current Medical Problems:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Are you a carer?

Please ask for a carer's registration sheet.

Any other information that you think would be of help to us:

Your current medication:

If you have a medication repeat slip from your previous General Practitioner. Please provide this for scanning on to your medical record.

Cut out and keep address label

DEARNE VALLEY GROUP PRACTICE
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HOLLY BUSH DRIVE
THURNSCOE
ROTHERHAM
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