

**Heaton Road Surgery
17-19 Heaton Road
Newcastle upon Tyne, NE6 1SA
Telephone: (0191) 265 5911**

**New Patient Registration Information for Patients
Under 5 Years of Age.**

Thank you for registering with us at Heaton Road Surgery. To make the transition of registration a smooth process we would like you to provide us with the following information when registering:

NHS Number this will significantly improve the care and safety of patients as it is used and requested on all correspondence. This number can be obtained from your previous GP or Medical Card if you have one. It can also be found in the My Personal Child Health Record (red book).

Postcodes from your GP address and your address as this will enable us to locate your details from your previous GP more swiftly.

Repeat medication. If taking repeat medication an appointment with a GP may be required. Please forward a copy of the repeat medication list with this registration.

Heaton Road Surgery

PATIENT HEALTH QUESTIONNAIRE

FULL NAME:		DATE OF BIRTH:	
ADDRESS:			
	POST CODE:		
TELEPHONE:		MOBILE:	
			Permission to use text message services <input type="checkbox"/> Yes <input type="checkbox"/> No
GENDER:		NHS NUMBER:	
EMAIL ADDRESS:			
WEIGHT:		HEIGHT:	
CURRENT MEDICATION:			
Please forward an up to date medication slip.			
Please list any allergies:			
PLEASE LET US KNOW ABOUT ANY DISABILITIES YOU HAVE:			
Registered blind? Yes <input type="checkbox"/> No <input type="checkbox"/> Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Hearing impaired? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ADDITIONAL INFORMATION			
Name of next of kin:		Telephone number of next of kin:	
Relationship of next of kin.			
Address of next of kin:			
IMMUNISATION HISTORY			
Please forward immunisation history:			
Admin only: Immunisation history received. Yes <input type="checkbox"/> No <input type="checkbox"/>			
NURSERY/SCHOOL			
Please add name & address of nursery or school			
MAIN SPOKEN LANGUAGE:			
Please specify first language:			

ETHNIC ORIGIN:

To which of these groups do you consider you belong (tick one box only):

White:

British
 Irish
 Other white background

Black or Black British:

Caribbean
 African
 Other black background

Ethnic Groups:

Chinese
 Other ethnic background

Asian or British Asian:

Indian
 Pakistani
 Bangladeshi
 Other Asian background

Mixed:

White and black Caribbean
 White and black African
 White and Asian
 Other mixed background

Prefer not to disclose

NOMINATED PHARMACY:

Prescriptions will be forwarded to your nominated pharmacy electronically.

Please add nominated pharmacy details below:

YOUR DATA MATTERS TO THE NHS

As a parent our guardian you can choose whether health & care information is used for research and planning. To find out more: visit: nhs.uk/your-nhs-data-matters, or alternatively visit our practice website. Patient information leaflets are available from the practice upon request.

SUMMARY CARE RECORD:

We are participating in the summary care record and one will be created unless you wish to opt out. If you do wish to opt out, please ask for a form at reception.

Admin only: Opt in Opt out

ADMIN ONLY:

Score audit C : Yes

OVERSEAS PATIENTS

EHIC Card seen: Yes No

(Read code 9Ny followed by EHIC No. in box)

EHIC Card Number:

Identification documents seen: Yes No

List documents viewed:

Thank you for taking the time to complete this questionnaire. Your information will be treated in confidence under the terms of the Data Protection Act 1998.