

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

**New Patient Registration Information for Patients
Under 16 Years of Age**

Thank you for registering with us at Heaton Road Surgery. To make your transition of moving GP practice 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.

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

Repeat medication. If you are taking repeat medication you may need to make an appointment to see a GP. Please forward a copy of your repeat medication list with your registration. If more convenient you can ask your previous surgery to email this information to us. Our email address is NGCCG.HeatonRoadSurgery@nhs.net (hand written lists will not be accepted).

Please ensure you have at least 4 weeks supply of medication from your previous GP.

Heaton Road Surgery

PATIENT HEALTH QUESTIONNAIRE

FULL NAME:		DATE OF BIRTH:	
ADDRESS:			
	POST CODE:		
TELEPHONE:		MOBILE:	Must be your own mobile number if over 11 years of age. Permission to use text message services <input type="checkbox"/> Yes <input type="checkbox"/> No
GENDER:		NHS NUMBER:	
EMAIL ADDRESS:	(Must be your own email address if over 11 years of age)		
WEIGHT:		HEIGHT:	
LIFESTYLE			
How much do you exercise? Unable <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>			
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many per day?
Have you ever smoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever tried to stop? Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you know you can self refer to the Newcastle Stop Smoking Service . Their website details are: https://newcastlestopsmoking.org.uk . They also provide smoking cessation services via various pharmacies.			
CARERS AND THOSE WHO HAVE CARERS:			
Do you help to look after a relative who cannot manage on their own? Carers can be adults, children or young people who help to provide care or support to another person.			
Carers: - Who do you care for:			
- What is their relationship to you:			
Those Cared for: - Who is your carer (name):			
- Carer's contact details:			
Would you like to be registered as a Carer at the practice: Yes <input type="checkbox"/> No <input type="checkbox"/> (Registered carers maybe offered immunisation such as flu vaccines)			
CURRENT MEDICATION:			
Please attach a copy of your medication slip which you can obtain from your previous GP			
Please list any allergies you have:			
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 your next of kin:	Telephone number of next of kin:
Relationship of next of kin.	

Address of next of kin:

MAIN SPOKEN LANGUAGE:

If English is not your main spoken language and you need an interpreter, please state what your main language is:

YOUR ETHNIC ORIGIN:

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

<i>White:</i>		<i>Black or Black British:</i>		<i>Ethnic Groups:</i>	
British <input type="checkbox"/>		Caribbean <input type="checkbox"/>		Chinese <input type="checkbox"/>	
Irish <input type="checkbox"/>		African <input type="checkbox"/>		Other ethnic background <input type="checkbox"/>	
Other white background <input type="checkbox"/>		Other black background <input type="checkbox"/>			
<i>Asian or British Asian:</i>		<i>Mixed:</i>			
Indian <input type="checkbox"/>		White and black Caribbean <input type="checkbox"/>		Prefer not to disclose <input type="checkbox"/>	
Pakistani <input type="checkbox"/>		White and black African <input type="checkbox"/>			
Bangladeshi <input type="checkbox"/>		White and Asian <input type="checkbox"/>			
Other Asian background <input type="checkbox"/>		Other mixed background <input type="checkbox"/>			

NOMINATED PHARMACY:

Prescriptions will be forwarded to your nominated pharmacy electronically.

Please add your nominated pharmacy details below:

YOUR DATA MATTERS TO THE NHS

Patients aged 13 or over: You can choose whether your confidential patient information is used for research and planning. To find out more visit: nhs.uk/your-nhs-data-matters, or alternatively visit our practice website. A patient information leaflet is available upon request.

Patients under 13: Your parent or guardian will need to make a decision on your behalf. If they choose not to allow your patient information to be used for research & planning this will stay until you are able to make your own choice.

SUMMARY CARE RECORD:

We are participating in the summary care record and one will be created for you 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	(Read code 9Ny followed by EHC No. in box)
EHC Card seen: Yes <input type="checkbox"/> No <input type="checkbox"/>	EHC 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.

