

Under 15yrs

The Park Surgery

116 King's Road, Herne Bay, CT6 5RE. Tel: 01227 742 568 Fax: 01227 742277

The Herne & Broomfield Surgery

38 Broomfield Road, Broomfield, Herne Bay CT6 7LY. Tel: 01227 749 678, Fax 01227 370638

NEW PATIENT REGISTRATIONS

This questionnaire is specifically designed for patients joining the Practice for the first time.

PLEASE ENSURE THIS SECTION IS FULLY COMPLETED

Title (Mr/Mrs/Miss/Ms) Sex M/F Marital Status Date of Birth

Surname Forenames

Address

.....Post Code

Telephone numbers (home)(work)(mobile)

Are you happy for us to leave a message on any of these numbers?

E-mail address

Would you like to register for online appointment booking and repeat prescriptions?

Occupation

Next of kin and contact number.....

Name and address of previous GP

.....

Place of birth

Language

First Language Spoken Second Language Spoken

Ethnic Origin - please tick appropriate box

White British
 Irish
 Other Background

Asian or Asian British Bangladeshi
 Indian
 Pakistani

Black or Black British African
 Caribbean
 Other Background

Mixed Other Background
 White and Asian
 White and Black African
 White and Black Caribbean

Other Chinese
 Other, please state

Medical History

Do you have any mobility problems Yes / No

Do you have any medical history of any of the following, if Yes please give brief details

1. Ear, nose & throat problems Yes / No
2. Eye problems Yes/No
3. Heart problems Yes / No
(including hypertension, heart attack, angina, stroke, etc.)
4. Diabetes Yes/No
5. Epilepsy Yes/No
6. Nervous / Psychiatric problems Yes/No
(including depression, anxiety, dizzy turns, fainting attacks, etc).....
7. Chest problems Yes/No
(including asthma, bronchitis, TB, tumour, etc)
8. Skin problems Yes/No
9. Know allergies Yes/No
(including reactions to medication, antibiotics, hay fever, pollen, food allergens eg nuts, etc).....
10. Other problems Yes/No
(not mentioned above)

Family History

Have any of your relatives suffered from any of the following. Please give details.

- Stroke Yes/No
 - Heart disease Yes/No
 - Blood pressure Yes/No
 - Diabetes Yes/No
 - Cancer Yes/No
- Any other family history of note
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Accessibility Information

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you.

Do you find it hard to read our letters or do you need someone to support you at appointments? Yes/No

Do you need information in braille, large print or easy read. Yes/No

Do you need a British Sign Language interpreter or advocate. Yes/No

Do you need support to lip read, use a hearing aid or communication tool? Yes/No