

CUMBERLAND HOUSE SURGERY NEW PATIENT INFORMATION FORM

NAME ADDRESS
TEL NO MOBILE
DATE OF BIRTH MARITAL STATUS
NEXT OF KIN TEL NO OF NOK

DO YOU WISH TO OPT OUT OF CARE.DATA SHARING RECORDS ? YES / NO (YOU MAY WISH TO VISIT WWW.NHS.UK/CAREDATA TO FIND OUT MORE ABOUT THIS AND THEN MAKE AN INFORMED DECISION)
DO YOU WISH TO OPT OUT OF SUMMARY CARE RECDORD (SEE ATTACHED INFO) YES / NO

What is your ethnic group (please tick the appropriate box)

White British Other White Ethnic Group Black African
Black Caribbean Indian Chinese Black other mixed
Other PLEASE SPECIFY

COUNTRY OF BIRTH MAIN LANGUAGE

DO YOU NEED AN INTERPRETER Y/N

OCCUPATION.....

DO YOU SUFFER FROM: Asthma Yes No
Coronary Heart Disease (incl Angina) Yes No
Diabetes Yes No
If diabetic, please state how you are treated Diet alone Diet & Medication Diet and insulin

ARE YOU ALLERGIC TO ANY MEDICATION? *If yes, what*
.....

DO YOU HAVE ANY FAMILY HISTORY OF CANCER? *If yes please give details of Type of cancer and who had the condition*
.....

IN YOUR IMMEDIATE FAMILY IS THERE A HISTORY OF STROKE OR HEART PROBLEMS? Yes No Please specify HEART/STROKE

If yes please give details of family member
.....

LIFESTYLE INFORMATION

HEIGHT.....WEIGHT.....

HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

Would you like advice and help on quitting smoking ? Yes No (if you would like advice please make an appointment with our Health Care Assistant or visit smokefree.nhs.uk)

IF A NON SMOKER, HAVE YOU EVER SMOKED?

Which year did you give up smoking?

DO YOU DRINK ALCOHOL? Yes No

If YES how often do you consume alcohol : - (please circle)

Monthly or less Two to four times a month Two to three times per week

Four or more times per week

LIFESTYLE CONTINUED....

How many drinks do you have on a typical day ?

1 or 2 3 or 4 5 or 6 7 or 9 10+

How often did you have six or more drinks on one occasion in the past year?

Never Monthly or less Weekly Daily or almost daily

Ladies only for the next two questions

Are you currently using contraception ?

If YES, what ?

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(PLEASE NOTE FOR ANY REGULAR CONTRACEPTION CHECKS YOU CAN SEE OUR NURSE PRACTITIONER)

IF YOU WOULD YOU LIKE TO OPT INTO CUMBERLAND HOUSE ON LINE BOOKING OF APPOINTMENTS AND ORDERING PRESCRIPTIONS PLEASE SEE OUR RECEPTIONISTS WHO WILL SIGN YOU UP TO THIS

PLEASE NOTE THAT IF YOU REQUIRE ANY REGULAR MEDICATIONS YOU WILL NEED TO MAKE AN APPOINTMENT TO SEE A GP BEFORE WE CAN ISSUE A PRESCRIPTION

WE OFFER A PRE-BOOKABLE APPOINTMENTS POLICY