



NORDEN HOUSE SURGERY

Avenue Road, Winslow, Bucks. MK18 3DW

☎: 01296 713434 📠: 01296 715439

Web: www.nordenhousesurgery.co.uk

Welcome to Norden House Surgery. We will request your medical records from your previous Doctor, but there is often a delay in them reaching us. We would therefore be grateful if you could complete this questionnaire to give us information on your medical history.

In order for us to complete your registration we require the following information:

Please note proof of identity (photo) & residency is required & the following documents are acceptable:

For identification purposes we require one of the following:

- Photographic Driving Licence
- Passport
- EU National's ID card
- Student ID card
- Police Warrant Card
- NHS Smartcard

For address verification we require one of the following:

- Council Tax Bill (within the last 6 months)
- Utility Bill (not mobile phone)
- Benefits Agency correspondence
- HM Custom's correspondence
- Letter from Solicitor confirming address
- Disabled Drivers Pass/Parking Permit

ALL OF THESE DOCUMENTS PRESENTED FOR REGISTRATION PURPOSES ARE ACCEPTED BY THE HOME OFFICE.

Staff Verification: Please tick boxes next to ID seen and sign here

to verify this.....

FULL NAME:

DATE OF BIRTH:

PLEASE PROVIDE US WITH NEXT OF KIN DETAILS INCASE OF AN EMERGENCY:

FULL NAME:

CONTACT NUMBER:

RELATIONSHIP:

PLEASE TICK APPROPRIATELY:

I **would** like to receive updates and information regarding my health via

Email: Yes No My email address is

Text Message: Yes No My Mobile No is

Internet Patient Access Facility: Yes No
(E.g. ordering repeat prescriptions, booking appointments online and viewing my medical record)

Patient Signature:

| | |
|---|---|
| Height: | ___ Feet ___ Ins / ___ Cms |
| Weight: | ___ Stone ___ Lbs / ___ Kgs |
| Smoking status: | <input type="checkbox"/> Current smoker <input type="checkbox"/> Ex smoker <input type="checkbox"/> Never smoked tobacco |
| Alcohol intake per week on average? | 1 unit = 1 glass of wine or 1 measure of spirit or ½ pint of beer or normal strength lager. |
| Are you a carer? | Yes / No |
| Please indicate your Religion. | |
| For a child under 16 years of age, please state the name of the school currently being attended. | |
| Have you had any major illnesses or operations? If yes, please give details including dates. | |

| | |
|--|--|
| <p>Have any family members had any of the following disease/illness? If so please state relationship.</p> | <p>Heart Attack.....</p> <p>Diabetes.....</p> <p>High Blood Pressure.....</p> <p>Cancer.....</p> <p>Stroke.....</p> <p>Mental Illness.....</p> <p>Asthma.....</p> <p>Epilepsy.....</p> |
| <p>Do you have any allergies?</p> | <p>Yes/No</p> |
| <p>If yes, please specify</p> | |
| <p>Please state any other information that you feel might help your doctor</p> | |

Please note that a Summary Care Record which contains important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had will be created and shared when necessary with healthcare staff within the NHS to support your emergency care. Should you not want a Summary Care Record you will need to complete an opt-out form which is available from the surgery. Further information about the Summary Care Record can also be obtained from the surgery should you require it.

1 unit = 1 small glass of wine or 1 measure of spirit or ½ pint of beer or normal strength lager (4%).
 Beer or lager over 5% is 3 units per pint rather than 2 for normal strength beer or lager.

| Questions | Scoring system | | | | | Your score |
|---|----------------|-------------------|-------------------------------|--------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Stop here if the answer is Never (0). Any other score please continue with the next three questions. | | | | | | |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No | | Yes, but not in the last year | | Yes, during the last year | |

After answering all 4 questions, if your score is 2 or less, then proceed to the next page.

If your score is 3 or above, please continue to answer the following questions.

| Questions | Scoring system | | | | | Your score |
|--|----------------|-------------------|-------------------------------|----------------------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week | |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 10+ | |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Have you or somebody else been injured as a result of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year | |

We are required to record our patients' ethnicity and main language spoken.

| | |
|---|--|
| Please State Your Main Spoken Language | |
| Interpreter Required? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please indicate your ethnicity by ticking the relevant box.

| Official Use Only | Ethnic Category | Please Tick (√) |
|-------------------|-------------------------------|------------------|
| | White | |
| 9i0 | British | |
| 9i1 | Irish | |
| 9i2 | Any other white background | |
| | Mixed | |
| 9i3 | White and Black Caribbean | |
| 9i4 | White and Black African | |
| 9i5 | White and Asian | |
| 9i6 | Any other mixed background | |
| | Asian or Asian British | |
| 9i7 | Indian | |
| 9i8 | Pakistani | |
| 9i9 | Bangladeshi | |
| 9iA | Any other Asian background | |
| | Black or Black British | |
| 9iB | Caribbean | |
| 9iC | African | |
| 9iD | Any other Black background | |
| | Other Ethnic Groups | |
| 9iE | Chinese | |
| 9iF | Any other ethnic group | |
| 9iG | Not stated | |

Medication

If you are on regular medication, please bring your last repeat prescription slip from your previous Doctor, we will then arrange for these medications to be made available to you. Please ask the receptionist to explain our systems for providing repeat prescriptions.

Patient signature.....

Many thanks for completing this questionnaire.