

New Patient Registration For Patients over 16

Patient's Name:	
Date of Birth:	
Home Tel:	
Mobile No:	
Email address:	

Beacon Surgery will contact me by text message and/or email for the purposes of appointment reminders and health promotion on the contact number/address given above.

Yes

No

I understand and confirm the following:

- The forwarding of appointment reminders by text is a service provided by the practice and that reminders may not be sent on all occasions.
- I remain responsible for attending or cancelling appointments.
- Although text messages are generated using a secure facility they are transmitted over a public network onto a personal telephone and as such may not be secure.
- I am responsible for notifying the practice of any change in contact details.
- I have the right to cancel the text message / email facility at any time.

Beacon Surgery will send me log on details for:

- Booking Appointments on line
- Requesting Repeat Medication
- Viewing my Summary Care Record

Summary Care Records

These allow NHS Healthcare staff caring for you in an emergency to be aware of some of your medical details. The Standard Summary Care Record shows your current medication, allergies you suffer from and any bad reactions to medicines you have had. The Enhanced Record also gives details of your significant medical history, the management of any long term conditions and immunisations.

Tick here to have an Enhanced Summary Care Record

Tick here to have a Standard Summary Care Record

Tick here for a form to opt out of a Summary Care Record

Patient's Signature:	
Date:	

For Surgery Use	
Photo ID:	Proof of Address:
Patients Usual Dr advised:	
Registration Accepted by:	
Pharmacy Completed:	

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Name	
Communication Needs EG Deaf, Blind	
Pharmacy Nomination	Boots <input type="checkbox"/> Morrisons <input type="checkbox"/> Chappells <input type="checkbox"/> Other.....
HeightFeetInscms
WeightStonelbsKilos
Waist measurementinscms
Hip measurementinscms
Family History	Give Relationship and approx age when diagnosed
1. Heart Attacks, Angina	
2. Strokes	
3. Diabetes	
4. Asthma	
5. High Blood Pressure	
6. Cancer (Type of Cancer if known)	
7. Osteoporosis	
8. Glaucoma	
9. Thyroid problems	

Please answer the following questions:

Smoking	
1. Do you smoke?	YES / NO
2. If no - have you ever smoked?	YES / NO Date Stopped.....
3. Does anyone in your household smoke?	YES / NO

Alcohol Consumption			
Question	Answers	Scores	Your Score
1. How often do you have a drink that contains alcohol?	Never	0 points	
	Monthly or less	1 point	
	2-4 times per month	2 points	
	2-3 times per week	3 points	
	4+ times per week	4 points	
2. How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	0 points	
	3-4	1 point	
	5-6	2 points	
	7-8	3 points	
	10+	4 points	
3. How often do you have 6 or more standard drinks on one occasion?	Never	0 points	
	Less than monthly	1 point	
	Monthly	2 points	
	Weekly	3 points	
	Daily or almost daily	4 points	

Scoring: A total of 5+ indicates hazardous or harmful drinking

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Patient's Name:.....

This practice, in line with other healthcare providers, collects information about the ethnic group of patients. This information can help us plan to meet the needs of the community and ensure that everyone has equal access to the healthcare we provide.

Please note we are not asking you about citizenship or nationality, but about the ethnic group to which you feel you belong.

All the information we receive will be used and treated with the strictest confidence. Any information used for service planning purposes will be anonymous with all the names and other identifying information removed.

The classification is entirely voluntary but will help provide a better service. If you do not wish to provide this information please tick the "not stated" box below.

If you have any queries about completing this form, please ask a staff member. Otherwise please complete the form below by ticking the appropriate box.

Ethnic group	Please Tick <input type="checkbox"/>
White: British	
White: Irish	
White: Any other White background	
Mixed: White and Black Caribbean	
Mixed: White and Black African	
Mixed: White and Asian	
Mixed: Any other mixed background	
Asian or Asian British: Indian	
Asian or Asian British: Pakistani	
Asian or Asian British: Bangladeshi	
Asian or Asian British: Any other Asian background	
Black or Black British: Caribbean	
Black or Black British: African	
Black or Black British: Any other Black background	
Other ethnic groups: Chinese	
Other ethnic groups: Any other ethnic group	
Not stated	