

Welcome to Snodland Medical Practice

We require two forms of ID to Register you: photographic i.e. Passport, Driving Licence or Bus Pass. You will also need proof of residence in the form of a utility bill which is not more than 3 months old.

The transfer of your medical records could take some time, please fill out the form below (one for each member of the family)

ANY INFORMATION THAT YOU GIVE TO US WILL BE TREATED CONFIDENTIALLY.

TITLE	MR	MRS	MS	MISS	MASTER					
SURNAME										
<b>Patient details Please complete in BLOCK CAPITALS</b>										
Patient forename										
Patient surname										
Date of birth										
	D	D	/	M	M	/	Y	Y	Y	Y
Email										
Mobile Number										
Home Tel Number										
<p>We are required by the Data Protection Action 1998 to seek permission from our patients to allow us to leave basic information on a answerphone or with another member of your household family.</p> <p>We will only leave a basic message asking you to contact the surgery or maybe to cancel an appointment, there will never be any other disclosure.</p> <p>I agree to basic information being left for me. There may be a delay in getting information to you if you do not give your consent.</p>										
<input type="checkbox"/> Please tick										

**16** What is your ethnic group?

➤ Choose one section from A to E, then tick one box to best describe your ethnic group or background

**A White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Any other White background, write in

\_\_\_\_\_

**B Mixed/multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed/multiple ethnic background, write in

\_\_\_\_\_

**C Asian/Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in

\_\_\_\_\_

**D Black/African/Caribbean/Black British**

African

Caribbean

Any other Black/African/Caribbean background, write in

\_\_\_\_\_

**E Other ethnic group**

Arab

Any other ethnic group, write in

\_\_\_\_\_

<p>DO YOU SUFFER FROM OR HAVE A HISTORY OF ANY OF THE FOLLOWING HEALTH PROBLEMS? (please tick)</p>	<p>ASTHMA COPD HYPERTENSION</p> <p>STROKE EPILEPSY HYPOTHYROIDISM</p> <p>DIABETES CHRONIC HEART DISEASE</p>
<p>ARE YOU CURRENTLY TAKING REGULAR MEDICATION, IF SO WHAT IS IT</p> <p>Do you have enough medication to last you until your registration is complete? If not, please contact your current GP to order more.</p> <p>If you are on regular medication you will need to make an appointment with your allocated GP when your registration is complete.</p>	

SMOKING STATUS (please tick)	NEVER SMOKED  CURRENT SMOKER  EX-SMOKER
<p><i>ARE YOU A CARER as in caring for another person who is unable to care for themselves due to disability/illness etc?</i></p> <p><i>Is the person you care for registered with this practice if so what is their name?</i></p> <p><i>Cared for Person's Name</i></p> <p><i>Can we add this information to your notes?</i></p>	<p><i>Yes                  No</i></p> <p><i>Yes                  No</i></p> <p><i>Yes                  No</i></p>

### NHS Summary Care Record

Your summary care record is an electronic record of important information about your health.

It is available to other NHS care staff who are providing care to you. This means if you have an accident or become ill, the clinicians treating you will have immediate access to important information about you.

If you wish to have a summary care record you do not need to do anything.

If you wish to opt out please tick the box and your notes will be coded accordingly.

#93C3

Thank you for taking the time to fill out this questionnaire.