



NARBERTH SURGERY

NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

**(NB ALL INFORMATION SUPPLIED WILL BE RECORDED IN YOUR CONFIDENTIAL
MEDICAL RECORDS)**

Surname: Forename(s):

NHS number:

Date of Birth: Marital status:

Address:

.....

Postcode:

Home tel: Mobile (if aged 16 and over):

Ethnicity:

Gender :

Place of birth:

Language preference: **English / Welsh** (*please delete as appropriate*)

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare?

***Yes/No** (*please delete as appropriate*)

We have an electronic method of contact available for patients to contact the surgery for non urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?

***Yes/No** (*please delete as appropriate*)

Email address:

GP Partner: Dr V Fleming, Dr H Wang, Dr P Crawford, Dr N Welch, Dr P Graves, Dr C Lewis

Salaried GP: Dr J Milne

Northfield Road, Narberth, Pembrokeshire, SA67 7AA.

Tel: 01834 860237

Smoking

Do you smoke? **Yes / No** (*please delete as appropriate*)

If Yes, how many: Cigarettes per day Ounces of tobacco per day

Alcohol

For the following questions please answer to the best of your knowledge:
We have provided a basic guide to alcohol content below to assist your completion:

A 750ml bottle of wine contains 10 units
A standard (175ml) glass of wine contains 2 units
A single small shot of spirits (25ml) contains 1 unit
A standard 70cl bottle of spirits contains 28 units
A pint of 3.6% strength lager/beer/cider contains 2 units
A pint of 5.2% strength lager/beer/cider contains 3 units

Follow the link below to access more information including a guide to calculating your alcohol intake -
[Alcohol units - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Or you can use Alcohol Change's calculator - [Unit calculator | Alcohol Change UK](#)

How many units of alcohol do you drink a week?

Height and Weight

Please tell us your most recent measurements for the following (if known)

Height:

Weight:

Please note, we may contact you to offer you support or advice if appropriate based on your submission.

Exercise Capability

Inactive Gentle Moderate Vigorous (*please delete as appropriate*)

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NB: The following information you supply may assist us to provide good care for you whilst we wait for your previous medical records.

Family History

Is there any of the following in your family (*father, mother, brother, sister*) before the age of 65?
(*please delete as appropriate*)

Heart Disease?	Yes / No	which family member?
Stroke?	Yes / No	which family member?
Cancer?	Yes / No	which family member?
Site of cancer?	

Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of drug	Dosage

Please attach or forward us your most recent repeat medication slip if you have one.

Allergies

Do you have any allergies? Yes/No (*please delete as appropriate*)

If Yes, please give details:

.....
.....

Past Medical History

Please give details of any treatments/medical conditions:

.....
.....

Are you currently under the care of a specialist consultant or receiving specialist treatment?

Yes No (*please delete as appropriate*)

If yes, have they been advised of your move?

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Carers

(please delete as appropriate)

Do you need/have anyone who looks after you or your daily needs as Carer? Yes/No

If Yes, would you like them to deal with your health affairs here? Yes/No

(A member of reception staff can help with these arrangements)

Do you care for anyone else? Yes/No

(If Yes, please ask the reception staff about Carers support)

Military Veteran

Have you ever served in the Armed Forces? Yes/No

Disability status

Do you suffer from any of the following disabilities? *(please delete as appropriate)*

Mobility Visual Hearing Other

Communication

Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

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***Completion of this questionnaire is mandatory prior to registration with the practice.
Thank you for completing this questionnaire.***

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