**BRAEHEAD MEDICAL PRACTICE**

As your medical notes from your previous Doctor take some time to get to us we ask all new patients to complete this confidential questionnaire and arrange a general check-up with our Health Care Support Worker. These measures will give us a useful baseline and help us to readily identify any problems. Please complete this questionnaire and return it to Reception.

Surname ………………………………………First name (s)……………………………………… Date of Birth:……………...………..

Address …………………………………………………………………………………………………………………………………...….

Home Tel No:…………………………………….…………\*Mobile Tel No:…………………………………………….……..…………

email address: …………………………………………………………………………………………………………………………..……

\*Please provide a mobile phone contact number as we will send you appointment reminders via your mobile. If you do not wish us to contact you via mobile please let the Receptionist know otherwise we presume consent.

­­­­­­­­­­­­­­­­­­­­­Please list any significant illness we need to know about:

Please list any medication you are taking at present:

**SEE BELOW RE: REPEAT MEDICATION**

Please list any allergies to drugs or other substances:

Females only:

Are you using any form of contraception at present? YES / NO If ‘YES’ what are you using ………………………………..………..

When did you last have a cervical smear test ……………………………………………………………………………….………………

Are you pregnant? YES / NO If ‘YES’ what is your expected delivery date: ……………………………………….............................

Ethnic Monitoring: The NHS is also recording important information such as language and ethic group. This helps us to monitor services, communicate effectively, plan new services and promote racial equality.

Please state which Ethnic Group you belong to: ………………………………………………………………………………………….

We will confirm with you once your registration with the practice has been completed.  Until the registration is completed we will not be able to issue prescriptions or book appointments for you. **If you are on repeat medication from your previous GP you must produce evidence i.e. the re-order form.**

Thank you for completing this questionnaire.