

# Bruton Surgery

New Patient Registration and Medical Questionnaire



## Registration Details

All questions marked(\*) are required by the surgery to complete the registration (please complete one registration form for each person)

Title*	
Surname*	
Forenames*	
Date of birth*	
Town of birth*	
Country of birth*	
NHS No.	
Home address*	
Home telephone number*	
Mobile telephone number*	
Email Address	
Ethnic group	

## Next of Kin and Emergency Contact Details

Name	
Contact number	

To help us trace your previous medical records please provide the following information

Previous address in the UK*	
Name of Previous GP Practice*	
Is this your first NHS registration in England?*	If yes what date did you enter the UK?
Are you returning from the Armed Forces?	If yes which military base were you stationed on?

## Communication and Accessibility Needs

Do you have any communication requirements?	
Sign Language	<input type="checkbox"/> Large Print
Interpreter	(language required)
Other (please specify)	

## Medical Questionnaire

Please take the time to complete this document as this information helps us to know more about you as your record will not reach us immediately. As part of the registration process, you may receive a phone call from one of our Healthcoach Team for a brief discussion. This is so we can find out a little more about how we can provide appropriate care for your needs.

### Measurements

Height	
Weight	
Waist measurement	
Blood Pressure Reading	

### Personal Medical History (if you require more space, please use a separate sheet)

Have <b>you</b> suffered or are currently suffering with any of the following (please tick all that apply)				
Blindness/Glaucoma			Epilepsy	
High Blood Pressure			Heart Attack	
Diabetes			Stroke	
Asthma/COPD			Cancer	
Other (please specify)				

### Family Medical History (if you require more space, please use a separate sheet)

Has any <b>close relative</b> suffered or are currently suffering with any of the following (please tick all that apply)				
Blindness/Glaucoma			Epilepsy	
High Blood Pressure			Heart Attack	
Diabetes			Stroke	
Asthma/COPD			Cancer	
Other (please specify)				

### Medication

If you take any repeat medications, please provide a copy of your repeat medication slip or complete the table below (if you require more space please use a separate sheet).

Name of Medication	Strength	Dosage

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## Care at Home

Please tick all that apply to you				
Are you a carer?			Do you have a carer?	
Are you housebound?			Are you registered disabled?	
Do you have a keypad number?			Do you have a Power of Attorney in place?	
Please provide relevant details about items you have ticked above				

## Smoking

Please answer Yes or No				
Have you ever smoked?		If Yes, please answer the following questions. If No, please move to the next section.		
Do you smoke now?			If Yes how many cigarettes or grams of tobacco do you smoke each day?	
			If No, when did you quit?	
If you would like help to stop smoking, Smokefreelife Somerset offer a free service <a href="http://www.healthysomerset.co.uk/smokefree/">www.healthysomerset.co.uk/smokefree/</a> Or call 01823 356222		For more information: - <a href="https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/">https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/</a>		

## Alcohol

Do you consume drinks containing alcohol? (Please circle your answers). If you answer No please move to next section.		Yes	No	
How often do you have a drink containing alcohol?				
Less than once a month	Once a month	2-4 times a month	2-3 times a week	4+ times a week
How many units of alcohol do drink on a typical day when you are drinking?				
1-2 units	3-4 units	5-6 units	7-9 units	10+ units

## Exercise

How many times a week do you exercise for 30 minutes or more?		Is this exercise light, moderate or vigorous?	
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Please return this form to the surgery or email to [bruton.surgery@nhs.net](mailto:bruton.surgery@nhs.net)

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IMPORTANT INFORMATION ABOUT YOUR REGISTRATION WITH BRUTON SURGERY (please read)

## Surgery Processes

- We only accept registrations for patients who live within the practice boundary of 5 miles as the crow flies from the practice premises.
- The surgery operates a telephone triage first service via AskMyGP. You can either contact our reception team to place your request or submit it yourself online via the AskMyGP website.
- We do not accept repeat medication/prescription requests by telephone, you can request them yourself via the NHS App or the Patient Access Website. We also accept requests via Bruton Pharmacy or email to [bruton.surgery@nhs.net](mailto:bruton.surgery@nhs.net)
- Please do not telephone the surgery for test results before 11am, you can easily view your results by downloading and signing up to the NHS App.
- The NHS App also displays your vaccination record.
- Please see the surgery website for more details and information about the surgery <https://brutonsurgery.nhs.uk/>

## How Your Data is Used

- Your summary care record is an electronic record of your important information about your health. This data is shared between healthcare providers to enable treatment in the case of emergency. For more information or if you would like to opt out please follow the link below

<https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients>

- GP data collection is how NHS digital extracts anonymised data to support healthcare service through planning and research. For more information or if you would like to opt out please follow the link below

<https://brutonsurgery.nhs.uk/nhs-digital-gp-data-collection/>

## By submitting this form to Bruton Surgery, you agree:

- That you may be contacted from time to time, via email and/or SMS with practice news, advice, about your health and/or appointment reminders.
- That you have read and understood the above questions and you are happy for the practice to contact you regarding the information you have submitted.