**BARONSCOURT SURGERY MEDICAL HISTORY FORM**

To allow us to process your registration efficiently, please complete all sections of the attached forms and return to us with the following identification:

1. Proof of Identification – e.g. Passport, Driving Licence or Birth Certificate
2. Proof of Address – e.g. Utility Bill, Council Tax Letter or Rent Letter

*(If you do not have the above, please speak to a receptionist)*

Please list below details of any people in your family currently registered at this surgery.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Date of Birth | Relationship | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are you on any current medication?

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dose | Instructions | Illness |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you previously been registered at Baronscourt Surgery? Yes 🞏 No 🞏

Do you care for someone with a disability? Yes 🞏 No 🞏

Do you have a carer? Yes 🞏 No 🞏

Do you give consent toshare information with Out of Hours,

Local hospitals and other Emergency Health Yes 🞏 No 🞏

Services for your Clinical Need? (KIS Key Information Summary) <https://baronscourtsurgery.co.uk/info.aspx?p=3&pr=S70658&t=1&high=kis>

Do you give consent for SMS text communication? Yes 🞏 No 🞏

(SMS for messages related to your medical care, including appointment reminders and messages about results**)**

**\*\*Consent for KIS and SMS can be withdrawn at any time by contacting the Surgery\*\***

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY** | SMS Accept #9NdP | SMS Decline #9NdQ |
|  | KIS Consent #9Ndr | KIS Decline #9Nds |

Ethnic Origin

White British 🞏 White Irish 🞏 White Asian 🞏 Black Asian🞏 Chinese 🞏

Indian 🞏 Pakistani 🞏 Black African 🞏 White and Black African 🞏

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Surname

Date of Birth Marital Status

Address

Post Code

Telephone No. Mobile No.

If you were born outside the UK, when did you first arrive in the UK?

If you were born in the UK but have been living abroad, when did you leave and return to the UK?

Date you left Date you returned

Will you require a translator at your appointments? Language

Emergency Contact/Next of Kin

First Name Surname

Relationship to you Contact Number

Address

Post Code

MEDICAL HISTORY

Allergies

Details of Illnesses, Operations, Chronic Diseases, Accidents or Pregnancies

Height Weight

Are you a smoker? Yes 🞏 No 🞏 If yes, how many do you smoke a day? \_\_\_\_\_\_\_

Have you ever smoked? Yes 🞏 No 🞏

How many units of alcohol do you drink per week?

(A unit of alcohol if equivalent to 1 glass of wine, 1 measure of spirits or ½ beer)

Have you received a blood transfusion before 1996? Yes 🞏 No 🞏

(If yes, you are recommended to have routine Hepatitis C testing unless recently tested).

Would you like us to book an appointment for testing? Yes 🞏 No 🞏

*Please note: It takes 48 hours to process your registration.*

*If you would like a new patient consultation, please book an appointment with our Healthcare Assistant or Nurse within 6 months of registering.*