

**Dr Gaule, Dr Collier & Dr Flanagan**  
 14 Pelican Court, Watringbury, Maidstone, Kent ME18 5SS  
 Tel No: 01622 814466 Fax No: 01622 817647  
**New Patient Registration and Questionnaire Form**

Mr/Mrs/Miss/Ms/Other (Please circle)	
First Names: _____ _____	Date of Birth: _____
Surname: _____ _____	Town and Country of Birth: _____
Previous surname/s: _____ _____	NHS Number: _____
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Full Address: _____ _____ _____	Home: _____
Postcode:- _____	Work: _____
	Mobile: _____
	Email: _____
What is your first language?	Do you need an interpreter? Yes q      No q

<b>Please help us trace your previous medical records by providing the following information</b>	
Your previous address in UK _____ _____ _____	Name of previous doctor while at that address _____
	Address of previous doctor _____ _____
If you are from abroad Your first UK address where registered with a GP _____ _____	
If previously resident in UK, date of leaving ____/____/____	Date you first came to live in UK ____/____/____
If you are returning from the Armed Forces Address before enlisting _____ _____	
Service or personnel number: _____	Enlistment Date: ____/____/____

**NHS Organ Donor Registration**

I want to register my details on the NHS Organ Donor Register as someone as whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply:

- Any of my organs and tissue or  
 kidneys  heart  liver  corneas  lungs  pancreas  any part of my body

Signature confirming my agreement to organ/tissue donation

Date: \_\_\_/\_\_\_/\_\_\_

For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk) or call 0300 123 23 23.

**NHS Blood Donor Registration**

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date: \_\_\_/\_\_\_/\_\_\_

For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
 My preferred address for donation is: (only if different from above, e.g. your place of work

Postcode: \_\_\_\_\_

What is your height?	____ cm ____ ft ____ in	What is your weight?	____ kgs ____ st ____ lbs
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Please tick any relevant box(es) if you currently suffer or have suffered from any of the following

	✓	Date of Diagnosis		✓	Date of Diagnosis
Addiction Problems			High Blood Pressure		
Asthma			Intestinal Problems		
Cancer			Kidney Problems		
COPD			Learning Difficulties		
Diabetes			Mental Health Problems		
Depression			Osteoporosis		
Epilepsy			Physical Defect/Deformity		
Heart Disease			Rheumatoid Arthritis		

Please give details of any other health problems you have.

Do you have any family health history that we need to be aware of i.e. Heart Disease runs in your family. *(Please give details)*

Do you have any allergies? *If so, please give details*

Are you registered disabled?  
*(If Yes, please detail)*

Yes q

No q

Do you have any mobility problems  
*(If Yes, please detail)*

Yes q

No q

Current Medication: If, available please attach a copy of your repeat prescription request form

Current Smoking Status:

Never Smoked

Current Smoker

Ex-Smoker

Date stopped smoking:

Are you a Carer? Yes  No  *If Yes, please detail*  
*(Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner)*

Do you have a Carer? Yes  No  *If Yes, please give carer's details:*

Are you a veteran of the armed forces? (This is anyone who has served one or more days as a regular or reservist)  Yes  No

British or mixed British	q	Pakistani or British Pakistani	q
Irish	q	Bangladeshi or British Bangladeshi	q
Other White background	q	Other Asian background	q
White and Black Caribbean	q	Caribbean	q
White and Black African	q	African	q
White and Asian	q	Other Black Background	q
Other mixed background	q	Chinese	q
Indian or British Indian	q	Other	q
		Ethnic Category not stated	q

If you are over 16 years old please complete the alcohol questionnaire. Circle your answer for each question.

Questions	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

## Accessibility Information

We want to get better at communicating with our patients. We want to make sure that we give you information in a way that is clear to you.

**When we write to you or contact you, do you need us to communicate in a particular way?**  Yes  No

**If your answer is yes**, please tell us which way you would prefer us to communicate with you. You may tick more than one box but please make your preference clear.

- By Phone
  - I prefer to use the phone and I use a hearing aid
  - I prefer to use the phone and I do not use a hearing aid
- By Email
  - I use a screen reader
  - I do not use a screen reader
- By Text Message
  - I use a text to speech app
  - I do not use a text to speech app
- With Easy Read pictures and words
- By letter using large type
- When you come to the surgery do you need a British Sign Language interpreter?
- Other form of communication not list above, please give details in box below.