

Branksome Wood Healthcare Centre

Branksome Wood Road, Fleet, Hants, GU51 4JX

REGISTRATION FORM

Dear Patient

In order to obtain registration with this Practice, it is compulsory for ALL patients to provide information on this form. This information will help us to take over your clinical care as efficiently and quickly as possible. Unfortunately without this information your registration will not be complete.

Surname..... Forename.....

Mr/Mrs/Ms/Miss Occupation.....

Address.....

Post Code Date of Birth

Home Telephone Number..... Mobile Telephone Number.....

Email address

Next of Kin..... Next of Kin Contact Number.....

Current / Last GP Name Last Practice Address

Have you suffered with any of the following conditions?

Problem		Year of Diagnosis	When was your last ... Check? Blood Test?	OFFICE USE ONLY
Heart Attack or Angina	Yes/No			.G3...
Atrial fibrillation	Yes/No			.G573.
High blood pressure	Yes/No			.G2...
Latest BP Reading <i>(if known)</i>				
Stroke or TIA	Yes/No			.G66..
Epilepsy	Yes/No			.F25..
Diabetes	Yes/No			.C10..
Thyroid trouble	Yes/No			HYPOTH – .C04..
Kidney disease	Yes/No			.14D..
Emphysema or Chronic Bronchitis	Yes/No			.H3...
Manic depression	Yes/No			.Eu...
Schizophrenia	Yes/No			.Eu...
Learning Disability	Yes/No			.Eu81z
Dementia	Yes/No			.Eu02z
Asthma	Yes/No			.H33..
Cancers If yes, which type and When?	Yes/No			.B....

Past serious illnesses, operations or accidents:

Date

Any known allergies?

OFFICE USE ONLY:
SN53. - Allergy specified
SN58. - Food Allergy
SN582 - Peanut allergy
SN590- Bee Sting

If you have a repeat prescription – please attach to this form

Ladies: Date of last smear.....

OFFICE USE ONLY:

Ladies: Do you have an IUD fitted? Yes/No

Contraception device fitted - .ZV455

Any family history of Diabetes/Cardio Vascular Disease/Cancer?

OFFICE USE ONLY:

12C2. - Cardiovascular
124.. - Cancer
1252. - Diabetes

Are you a carer for someone in your household? Yes/No

OFFICE USE ONLY: Code .918G

If you are a carer, name of person cared for.....

My height is:metres My weight is:kg

OFFICE USE ONLY:
BMI code .22K..
Height code: .229..
Weight code: .22A..

Do you smoke? Yes/No

OFFICE USE ONLY:

If you smoked in the past when did you stop?

Never Smoked - .1371.
Ex-Smoker - .137L.
Smoker - .137R.

If you smoke now how many do you smoke per day?

Smoking Cessation Advice - .8CAL.
Tobacco Consumption - .137..

Please indicate your alcohol intake:

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
TOTAL SCORE						
<i>(For office use only: Fast test - code 388u. Test declined – 8IA7.)</i>						

Scoring: A total of 5+ indicates hazardous or harmful drinking

Administration Use Only

GP..... Date Form Seen By GP Any Action Required?

Alcohol Test (AUDIT) letter to be sent (code: .68S.).....

Computer updated by Date

NB Information on this form may be stored on a computer