



MOWBRAY GROUP

Mowbray House and Hutton Rudby Surgeries

REGISTRATION HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. If you prefer to have an appointment with one of our healthcare assistants, please ask at reception.

<p>For Admin Use Only: ID documentation verified: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____ Signed: _____</p>

Surname:.....

Forename:.....

Address:.....

.....

.....

Postcode:.....

Date of Birth: Marital Status:

.....

Home Tel:.....

Mobile:.....

Email:.....

Online:

Without address and photo ID you would not be given online access.

I would like online access, to book and cancel appointments

I would like online access to Immunisations/ Medication/ Allergies

(details will follow by post)

I would like to receive appointment reminders and practice communications by text message

My mobile telephone number is

.....

<p>For Children Under 18 Only: Name of Parent or Guardian:</p>
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1. MEDICAL HISTORY

Please give details of any hospital treatment as an in-patient:

.....
.....
.....
.....

Please give details of any chronic medical conditions e.g. Diabetes Date of Onset

.....
.....
.....
.....
.....

(please use reverse if needed)

2. MEDICATION

Please give details of any medication taken (prescribed or otherwise including regularly used vitamins, supplements or chemist purchases. (Continue on back page if required.)

Name of drug:

Dosage:

Name of drug:

Dosage:

3. ALLERGIES – Please give details of allergies to foods or other

substances:

.....

4. ETHNICITY

This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

.....

If Registering a Child Please Go To Q16

5. FAMILY HISTORY

Is there any of the following in your family? (*father, mother, brother, sister*)

Heart Disease (heart attacks, angina) Yes No

If yes, which family member?

How old were they when its started?

Diabetes Yes No

If yes, which family member?



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High Blood Pressure? Yes No

If yes, which family member?

Glaucoma? Yes No

If yes, which family member?

Stroke? Yes No

If yes, which family member?

High Cholesterol? Yes No

If yes, which family member?

Cancer? Yes No

If yes, which family member?

Site of cancer?

6. IMMUNISATIONS

Date of last Tetanus

7. SMOKING

Do you smoke? Yes No

If yes how many:

Cigarettes per day Cigars per day..... Ounces of tobacco per day.....

How old were you when you started smoking?

.....

If you are a smoker and would like support with quitting, we have Stop Smoking Advisors in Surgery who can help. Please ask for an appointment at reception.

8. EX SMOKERS

How much did you smoke per day?

9. ALCOHOL CONSUMPTION

Please circle the answers that apply to you

Questions	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	1 – 2	3 – 4	5 – 6	7 – 8	10+



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you have on a typical day when you are drinking?					
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost daily

10. EXERCISE

Do you take regular exercise? Yes No

If yes, what type of exercise?

How many times per week?

11. CARERS

Are you a carer for someone who is sick or frail? Yes No

Please give name and date of birth of this relative

12.

OCCUPATION

12b. Have you ever served in the military? Yes No

13. WEIGHT in Kg

(approx.)

14. HEIGHT in

cm.....

15. FEMALE PATIENTS ONLY

Date of most recent cervical smear:

Result of most recent smear:

Q16 Please complete where applicable

16. IMMUNISATIONS (please state date given)

Usually During First Year of Life

1st Diphtheria / Tetanus / Whooping cough / Hib+Polio

Date

1st Pneumococcal

Date

1st Rotavirus

Date

1st Meningitis B

Date



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Please state where immunisation performed: GP or Health Clinic

2nd Diphtheria / Tetanus / Whooping cough / Hib+Polio **Date**

2nd Rotavirus **Date**

2nd Meningitis B **Date**

3rd Diphtheria / Tetanus / Whooping cough / Hib+Polio **Date**

Usually During Second Year of Life

Mumps / Measles / Rubella (MMR) **Date**

Hib/ MenC **Date**

3rd Pneumococcal **Date**

3rd Meningitis B **Date**

3 years 4 months onwards

Tetanus / Diphtheria / Polio (pre school booster) **Date**

Mumps / Measles / Rubella (MMR) Booster Dose **Date**

13 to 18 years

Meningitis ACWY **Date**.....

Adults aged 65 years and over or in a clinical risk group

Pneumococcal Polysaccharide Vaccine (Pneumovax) **Date**

Adults aged 70-80 years and over in a clinical risk group

Shingles **Date**

Your Data Matters

The [NHS Constitution](#) states 'You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered'

OPT OUT- Summary of Care Records and Care Data Type 1

If you wish to opt-out of any of the following please write your name and date of birth, tick the relevant boxes, sign and return to a member of our practice team.

Name:.....Date of

Birth:.....

Summary of Care Records

Your summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This



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means that if you have an accident or become ill, Healthcare staff treating you will have immediate access to important information about your health. If you opt out this information will not be made available to the healthcare staff treating you.

Summary of Care Records .

No consent for NHS health care staff outside of the GP Surgery e.g. hospitals, to be aware of your current medications and allergies recorded on your electronic GP records (see below for more information).

Care Data Type 1

NHS organisations share information about the care you receive with those who plan health and social care services if this will benefit patient care. Records are linked in a secure system so your identity is protected. The data to be extracted from GP systems for care. data includes information such as family history, vaccinations, diagnoses, referrals, biological values (such as blood pressure, BMI and cholesterol) and all NHS prescriptions. Identifiers (DOB, postcode, NHS number and gender) and required to link the data with the personal confidential data from other care settings in order to analyse patient care across pathways. Type 1 opt-outs prevent NHS organisations from collecting information from your GP records for anything other than your own care. We only record the numbers of type 1 opt-outs at each GP practice for monitoring purposes. No other information is collected.

Care. Data Type1 (XaaVL)

No consent for personal confidential data to be taken from your electronic GP records and sent to the Health and Social Care Information Centre. (see below for more information).

Signature:.....Date:.....
.....

Care Data Type 2

Patients within England have the constitutional right to opt out of their personal confidential information being shared by NHS Digital for purposes other than their own direct care. This is known as the 'type 2 opt-out'.

"You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered".

Patients who do not want their confidential patient information used for planning and research purposes will be able to set their national data opt-out choice online. NHS England also provide a non-digital alternative for patients who can't or don't want to use an online system. You have the right to change your mind anytime.

For more detailed information regarding this please ask a member of our team for a patient information leaflet or alternatively visit <https://www.nhs.uk/your-nhs-data-matters> or call or call **0300 303 5678**