

Drs Molony, Lilley & Partners

Sturry Surgery

53 Island Road
Sturry, Canterbury, Kent
CT2 0EF
Tel: 01227710372



Canterbury Health Centre

26 Old Dover Road
Canterbury, Kent
CT1 3JH
Tel: 01227452444

www.sturrysurgery.co.uk

Registration Form

Date:

Personal Information

Title:

First name:

Surname:

Previous surname(s):

Date of birth:

Town and country of birth:

Ethnicity:

Do you require an interpreter? Yes No

Main language:

Are you a carer for a family member/friend? Yes Do No

Do you have a carer? Yes No

Name of carer:

Contact number of carer:

Contact Information

Home address:

Postcode:

Home telephone number:

Mobile number:

Email address:

I give consent to receiving texts and emails from the surgery

Please help us trace your previous medical records by providing the following information

Previous address in the UK:

Name of previous doctor whilst at that address:

Address of previous doctor:

If you are from abroad

First UK address where registered with a GP:

Date you first came to live in the UK:

If previously resident in UK, date of leaving:

If you are returning from the armed forces:

Please indicate if you have ever served in the UK Armed Forces and/or have been registered with a Ministry of Defence DP in the UK or overseas: Regular Reservist Family Member

Address before enlisting:

Service or personnel number:

Enlistment date:

If you need your doctor to dispense medicines and appliances:

Please note that not all doctors are authorised to dispense medicines.

I live more than 1.6km in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Preferred surgery site:

Sturry Surgery

Canterbury Health Centre

If you'd like to **opt out** of being on the organ donor register please visit
<https://www.organdonation.nhs.uk/register-your-decision/refuse-to-donate/refuse-donation-form>
or call **0300 123 23 23**

Health Questionnaire for New Patients

Thank you for taking time to complete this Health Questionnaire. Some of the questions may seem intrusive, but we believe they will improve the quality of care we are able to offer you. The information will remain confidential and will not be shared with any third party. As part of our ongoing care you may be called for further screening.

Alcohol

Do You Drink Alcohol? Yes No

If yes, how many units of alcohol do you drink per week?

(1 unit = 1 small glass of wine, half pint of beer or a single measure of spirit)

Questions	0	1	2	3	4	Score
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 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	

TOTAL

If you score more than 5 please complete the following questions, thank you.

Questions	0	1	2	3	4	Score
How often during the last year have you found that you were unable to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Thank you for completing

TOTAL

Smoking

Do You Smoke? Yes No

If yes, how much do you smoke per day?

***Please telephone the Stop Smoking Service if you would like advice on stopping smoking
0800 849 4444***

Have you EVER smoked? Yes No

If an ex-smoker when did you give up smoking (approx.)?

Height

Weight (approx.)

What regular exercise do you take?

MEDICAL HISTORY:

Please list details of any past or present illnesses or operations and the dates:

MEDICINES:

Please indicate your regular medications and doses:

ALLERGIES:

Please list any allergies:

FAMILY HISTORY:

Please list any of your close relations (parents, brothers, sisters) who have suffered from any of the following:

Heart Attack:

High Blood Pressure:

Diabetes:

Cancer:

Asthma:

Stroke:

TB:

Please specify any other illnesses below

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Dissent from data sharing with NHS Digital **(formerly the Health & Social Care Information Centre)**

Please tick those that apply

Type 1 opt-out. I do not agree to the sharing of my personal identifiable data for purposes other than my individual care (no patient identifiable data will leave the GP practice). Code 9Nu0.

Type 2 opt-out relating to the disclosure of person identifiable data by NHS Digital for the purposes of research and planning (no patient identifiable data obtained from any health or social care setting will leave NHS Digital). This must now be requested directly from NHS Digital by the individual, it cannot be requested by the practice on your behalf. You can opt-out in the following ways:

- Visit <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>
- Call NHS Digital on **0300 303 5678**
- Complete a paper opt-out form which is available either from the NHS Digital website or from the Practice Manager at Sturry Surgery.

Summary Care Record opt-out. I request that my clinical information be withheld from the Summary Care Record. NHS healthcare staff may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency. Code 9Ndo.

First name:

Surname:

Address:

Date of Birth:

For Sturry Surgery, please email this file to:
kmccg.sturryregistrations@nhs.net

For Canterbury Health Centre, please email this file to:
kmccg.chregistrations@nhs.net