

Welcome to Worthing Medical Group. We are pleased that you have chosen us as your medical practice. This form is very important – it helps us collect the information we need to register your new details with the NHS and organise any further tests or investigations that might be needed. All your information is kept strictly confidential within the NHS and not shared or used without your consent.

PLEASE COMPLETE ALL DETAILS AS FULLY AS POSSIBLE: Areas marked * are mandatory

Return to reception or by e-mail to worthingmedicalgroup@nhs.net

DACIC DETAILS

BASIC DETAILS				
Title *		Occupation *		
e.g Mr, Mrs, Miss etc.				
Surname *				
Previous Surname				
Forenames *				
Preferred name				
(if different to above)				
Date of Birth *		Place of birth *		
Your current home				
address				
including postcode *				
Home phone number				
······ P······				
Mobile phone number				
We send automatic text message reminders the day before your appointments with us and you can cancel your				
appointments by text as w	vell. To OPT OUT of this free servic	e tick this box 🗌		
E-mail address				
We only send out general	information by email such as new	sletters. For secur	ity reasons we do not send out any confidential	
information. We will emai	il you very occasional newsletters	etc. We also have	a participation group that we ask for feedback	
and to help us improve the	e surgery. To JOIN tick this box 🗌			
Detient Assession is to				
Patient Access is an internet service through our website that lets you book and cancel appointments on-line and also order your repeat medicines for collection /delivery at any local pharmacy. To JOIN tick this box You should then complete your				
	collection / delivery at any local pl n online at www.worthingmedica	-	ick this box 📋 tou should then complete your	
Futient Access registration	i onnine at www.wortningmedica	цугоир.со.ик		

INFORMATION SO WE CAN TRACE YOUR MEDICAL RECORDS

NHS number *	
Your previous address including postcode *	

Previous GP *							
Name							
Address							
Have you been registered here before?	No Ye	S	If so, when?				
If you have moved from							
abroad, date of arrival							
in the UK							
Next of kin	Are they your carer?						
Name							
Address							
Phone number Relationship to you							
(this is useful if you are							
under 16 or have a							
carer)							
If ex-armed forces:							
Address before enlisting							
Dates of service							
(from/to)							
Special Circumstances	I have a carer			Live in a nu	Irsing home		
	I am a carer (non-prof	essional)	H		sidential ho	me	
Please tick if any of	Asylum seeker	,			mmunity ps		me
these apply to you	Housebound				ildren's hon	-	
HEALTH AND LIFESTY	LE						
Smoking Status *			_				
	Never Smoked		Ex-s	smoker – Da	te stopped:		
Please complete if you							
are 12 years or older	Cigarette Smoker:	per day		ar Smoker:	per o	lay	
	Roll-ups: oz / g Pe	r week	🗌 Pipe	e: oz	/ g Per weel	ĸ	
	smoking service, run by our nu		•				
	ogical support over 3 months t	to give you	the best pos	sible chance	e of quitting	ı. Please ask	reception
for more details.							
*	A unit of alcohol is approxim	ataly 1/ nin	t standard (2 E0/) hoor /	1/ pint of p	romium (EQ) boor /
Alcohol Use *	125 ml of wine / 25ml of spir		t stanuaru (s	5.5%) Deel /	/3 pint of p	ieiniuni (576) beer /
How mony units of		1113.					
How many units of alcohol do you drink in a							
typical week? *							
	e Screening *						
	nswer to each question					_	Your
	-	0	1	2	3	4	Score
Men: How often do you h more drinks on one occasi			Less				
		Never	than	Monthly	Weekly	Daily	
<u>Women</u> : How often do you have SIX or more drinks on one occasion?			monthly				
How often during the last year have you been unable			Less				
_	happened the night before	Never	than	Monthly	Weekly	Daily	
because you had been dri	nking?		monthly				
How often during the last	t year have you failed to do		Less				
	ed of you because of drink?	Never	than	Monthly	Weekly	Daily	
			monthly				
-	tive or friend or a doctor or				Yes – on r	nore than	
	be concerned about your	No		Loccasion	1 000		
drinking suggested you should cut down?			(score 2)		(score 4)		

Add up your scores: if the total is THREE or more please ask reception for our more detailed questionnaire.

ABOUT YOUR PAST MEDICAL HISTORY

ADOUT TOURTAIT		. •		
Do you currently suffer from any medical problems / conditions / illnesses / diseases? *	Date			
Please give brief details and approximate dates				
Have you had any significant medical problems / diseases / illnesses / operations in the past? *	Date			
Please give brief details and approximate dates				
Immunisations *	Date			
Please list any recent immunisations e.g. flu, pneumococcal etc.				
Please list all your current medications *			Dose / Strength e.g. 20mg tabs	Times per day
Ensure you include inhalers, dressings and appliances.				
(or you can attach a copy of your previous surgery's repeat medicines list if you prefer – tick here)				
	all the medici	<u>st</u> make an appointment with you ines you take are necessary and o convenient time.		
medicines and make sure to organise an appointme We will send your pre- pharmacy where you ca convenience (or have t	all the medicion ant for you at a scriptions to an collect you	ines you take are necessary and o convenient time. your preferred local r medicines at your		
medicines and make sure to organise an appointme We will send your pre- pharmacy where you ca	all the medicion ant for you at a scriptions to an collect you	ines you take are necessary and o convenient time. your preferred local r medicines at your		

Family History		Detail of who is affected
	Heart attack/ angina (onset before age 60)	
Please tick any of the	Heart attack/ angina (onset after age 60)	
following that apply to	Stroke	
first degree relatives	Diabetes	
(parents, children,	Cancer: (type)	
brothers & sisters)	Any other inherited condition:	

PHYSICAL DETAILS

Please use the surgery equipment (if you are over 16) to take the best of 2-3 blood pressure readings. The surgery has a free height and weight machine operated by a token, available from reception.

Blood Pressure * (over 16s) Please use the lowest set of values	Systolic	Diastolic	Pulse
Weight *		Height *	
We prefer kg but are happy with st and lb		We prefer cm but are happy with ft and in	
If you would like help with weight reduction, this free service called "Why Weight" is provided by NHS West Sussex and you can contact them on 0300 123 0892 (Mon – Fri 9am – 5pm)			

ETHNICITY AND LANGUAGE

Ethnic Origin *	White	British	lrish	Other	
Knowing your ethnic origin is important for	Asian / Asian British 🗌	Indian	Pakistani	Bangladeshi	Other
some of our tests and may affect which	Black / Black British 🗌	Caribbean	African	Other	
medicines work best for you.	Other/Other British	Chinese	Other		
First Language					
Where did you hear	Word of mouth	NHS Website	Google / Se	arch Engine	
about Worthing	Local press	Walked past it	Practice we	bsite	
Medical Group?	Other (please state)	:			

DECLARATION

I declare that I am / my child* is entitled to NHS services because I have been or intend to be ordinarily resident in the UK for a period of 6 months or longer. I am registering with Worthing Medical Group and authorise them to obtain my past medical records from my previous UK GP.

Signature: (If sending by e-mail write "signed electronically")	Date:
For Surgery Use Only Form accepted & checked by:	Details of any appointments made:
Smoking cessation advice provided by:	or 🗌 N/A
Registered on EMIS as temporary pt by:	Data template completed by:
Patient registered as active on EMIS by:	

H:\Shared\Patient Information\New Patient Registration Form.Doc