

Highbridge Medical Centre

Pepperall Road, Highbridge, Somerset, TA9 3YA
01278 783220



Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate

Mr/Mrs/Miss/Ms/Dr	
Full Name	
Date of Birth	
Male/Female	
Place of Birth	
NHS Number	
Ethnic Origin	
Main Spoken Language	
Current Address	
Home Phone number	
Mobile Number	
Work Number	
Email Address	

Would you be happy for us to send our Newsletter, appointments etc to you via email? (code9Nds) Yes/No

Would you be happy for us to contact you via SMS message regarding test results, appointment etc? (code9Ndp) Yes/No



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Previous Details (Please complete in full so that we can locate your previous notes and medical history)

Previous Address	
Previous Doctors Surgery Name	
Previous Doctors Surgery Address	

Important information about you – PLEASE COMPLETE ALL SECTIONS

Height	
Weight	

How much alcohol do you drink in a week (units) 1 unit = 1 small glass of wine, a single measure of spirits or half a pint of beer	
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Please complete the table below

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 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

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

How many times a week do you exercise?	
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Do you Smoke? (Yes/No)	
If YES, how many a day?	
Are you an ex-smoker? (Yes/No)	
If YES, how many did you smoke a day?	
When did you give up?	
Have you NEVER smoked?	

If you are a smoker and feel now is the right time for you to kick the habit, the NHS provides a free Stop Smoking Service. You can contact Smokefreelife Somerset on 01823 356222 or smokefreelife@somerset.gov.uk for advice, support and to find out what products are available to give you the help you need.

Summary Care Record

The NHS are changing the way your health information is stored and managed. The summary care record is an electronic record of important information about your health. Are you happy to consent for your records to be uploaded and used in case of an emergency.

Yes / No

Do you have regular medication?

If you have regular medication we are able to nominate and send your prescriptions directly to your choice of local pharmacy. Please select from the below;

Lloyds Pepperall Road, Highbridge	Lloyds Market Street, Highbridge
Boots High Street, Burnham-On-Sea	Well Victoria Street, Burnham-On-Sea
Day Lewis Love Lane, Burnham-On-Sea	Day Lewis Berrow Medical Centre
Tesco Ben Travers Way, Burnham-On-Sea	

Patient Access

We now offer patients the use of a secure web site to book routine Doctors appointments, request repeat prescriptions, see lists of medications and recorded allergies.

If you would like to sign up to this then please complete the below and the paperwork will be ready for collection from reception approximately one week from the date of registration.

Name	
Current email address	
<i>Photo ID seen and checked by staff</i>	Yes / No

Patient Participation Group

The patient group (PG) comprises of patients of the surgery who wish to work together with the staff and doctors to help them to meet the needs of their patients, improve services and to share an understanding of issues and opportunities.

Would you like to join the Patient Participation Group? Yes / No

Please ask reception for details when you return these forms.

Carers

So that your doctor knows that you are a carer when you visit him/her at the surgery, it would be helpful if you could inform a member of staff at reception. The information will then be recorded confidentially on your notes and will not be disclosed to any other person or organisation without your permission. Too often it is not recognised that someone is a carer until they reach crisis point. If you are registered as a carer with the practice then you can be supported throughout. This support can include advice, guidance and signposting, an annual health check and flu jab. If you are supported then you can continue to provide support to the person you care for.

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Are you a Carer?

Yes / NO If YES please provide the name, address and relationship to yourself.	
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Do you have a Carer?

Yes / NO If YES please provide the name, address and relationship to yourself.	
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Would you be happy for us to discuss your medical details with your carer?

Yes / No

Next Of Kin

Please provide details of your next of kin;

Name	
Address	
Telephone number	
Relationship to patient	

Are you happy for your next of kin to be contacted in case of an emergency? Yes / No



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Thank you for completing this form
For more information about the services we offer, please see our website:
www.highbridgemc.co.uk

Please sign below to confirm that you are happy for Highbridge Medical Centre to contact you on the numbers/email address given and that you have read fully and understood the above information you have answered.

Patient Signature -

Date -/...../.....

