Welcome to the Panton Practice

PLEASE BE AWARE BEFORE REGISTERING - WE DO NOT PRESCRIBE ANY BENZODIAZEPINES (new or existing)

Thank you for completing this questionnaire. All information you give is confidential and will be held on your medical records. Please could you:

- Complete both sides of this form, writing clearly and in BLOCK CAPITALS
- Take your blood pressure using the machine in the foyer and attach the ticket to this form

| Your name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|---|---------------------------------------|-------------------------|-------------------------------------|--|-------------------------------------|---|--------------------------------|----------------------|---------------------|-------------------------------|---|------------|--|---|-----------------|--------------|---------------------------|----------|------|--------------------------|------|-------------------------|-------------|----------|------------|-----------------------|-----------|------|----|
| Your date of birtl | h: | | | | | | | | | | | | | | | | | | | | 1 | -1 | | | | | | | | | | | | |
| Your email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | nicate with you by SMS or email mainly to remind you of appointments or health messages. We will not pass umber to any non-NHS organisation. Tick here if you do NOT wish to be contacted by email or SMS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who should we | contact | in a | n e | eme | erge | enc | :y? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their relationship to you: | | | | - | 1 1 | | | | | | | ľ | The | eir d | dat | ео | f b | irth: | | | | | 1 | | | | | | | | | | | |
| Their telephone | | | | | | | | | | * A | re | the | уа | lso | reg | gist | ere | d v | vith | US | ś | | YES / NO | | | | | | | | | | | |
| Summary Care | Record - | · Ple | as | e re | ead | at | tac | hε | ed i | inf | orn | nc | ıtio | n s | he | et | be | for | e c | ıns | we | rin | g t | he | fol | lov | vin | g | qυ | est | lioi | <u>า.</u> | | |
| SCR Consent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Please select | ☐ Expres | s co | s consent for medication, allergies, adverse reactions and additional information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| one box only) | ☐ Expres | s dis | ser | nt – | Doe | es n | ot v | wa | ınt (| a S | um | ٦m | ary | / C | are | Re | СО | rd (| ple | eas | е <u>а</u> | Iso | sig | n s | ер | ara | ite | dis | clo | mic | er | for | this | |
| Signed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How would you | What is your country of birth? What is your first language? How would you describe your Ethnicity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you work? | Do you work? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Employed ☐ Self-employed ☐ Unemployed ☐ Homemaker ☐ Student ☐ Retired | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Employed | ☐ Sel | f-en | nplo | oye | d | |] Ur | ner | mp | loy | 'ed | l | | | Но | me | mc | aker | | | | Stu | de | nt | | | | | Re | etir | ed | | | |
| ☐ Employed What is your curr | | | | | | | | | | | | | | | | | | aker e ya | | | | | | | an | ? | ΥI | □ ES | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | an | ? | ΥI | ES | | | | | | |
| What is your curr | ent occup | atio | nş. | | | | | | | | | | | | | | Ar | | οU | a N | | | | | an | ? | ΥI | ES | | | | | | |
| What is your curr Social Habits Smoking: please tick the box that | ent occup | atio | a SN | MOk | ŒR | | | | Н | ow. | ' M | an | у р | er | da | λŝ ⁻ | Ar | e yo | οu | a N | | | | | an _ | ? | ΥI | ES | | | | | | |
| What is your curr Social Habits Smoking: please | ent occup | atio am c | a SN 9n? | MOk EX-S | (ER MO | KEF | ₹ | | Н | ow. | ' M | an | у р | er | da | λŝ ⁻ | Ar | e yo | οu | a N | | | | | an - | ? | YI | ES | | | | | | |
| What is your curr Social Habits Smoking: please tick the box that | ent occup | atio am c am c | an E an E | MOk EX-S EVEI | (ER MO R SA | KEF MOI | R KED |) | Ho | ow The | ' m | an | ıy p | er | da | λŝ ⁻ | Ar | e yo | οu | a N | | | | | an - | ? | YI | ES | | | | | | |
| What is your curr Social Habits Smoking: please tick the box that applies to you | ent occup | am c am c nave hav | on? an E e NE | MOk EX-S EVEI a dri | (ER MO R SA ink t | KEF MOI | R KED | ont | Ho | ow The | ' me | an did | olŝ | oer | da top | y? ₋ | Ar | e yo | \$ _ | a A | Ailite | ary | Ve | ter. | an | | | | / | NC |) | /ee | k | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance | ent occup | am cam cam cam cam cam cam cam cam cam c | on? SN an E NE ve c drir | MOk EX-S EVEI a dri less | (ER MO R SM ink t | KEF MOI tha | KED t co |) ont 2- | Ho W tain 4 tii | ow The | y maleco | an did oh | l yo ol? maala | ont | da top h | y? ₋ sm) sm [| Ardanok | e you |) U ? _ | es dr | per per | ary | eek ? | ter | - | | 4+ | tim | / es | NC |) | 'ee | k | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drink | ent occup | atio am c am c have havhly olic mea | on? SN an E NE ve c drir | MOk EX-S EVEI a dri less | (ER MO R SM ink t | KEF MOI tha | KEC t cc | ont 2- ive | Ho W 4 til | ow The | y maleco | an did oh | l yo ol? maala | ont | da top h | y? _ sm [her | Are nok | e yo | vi vi vi vi vi vi vi vi vi vi vi vi vi v | es dr | per per | ary | eek ? | ter | - | of v | 4+ win | tim e is | / es | NC |) | ⁄ee | k | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 | ent occup 1 c 1 c 1 r en do you Mor dard alcoh k is: 1 single | atio am c am c nave hav nthly olic mea | on? SA SA SA S | MOk EX-S EVEI a dri less nks (| KER MO R SM ink t | MOI tha you | KEC | ont 2- ive all | How Watain 4 tin on glas | ow The | men co | an did oh oer oic | ol? mada al cala | ont ont day | da top h v w | y? _ sm [her | Are nok | e you | vi vi vi vi vi vi vi vi vi vi vi vi vi v | es dr | per per | ary | eek ? | ter | - | of v | 4+ | tim e is | / es | NC |) | ree | k | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 How often do you | ent occup | oatio am c am c have havhilly olic mea | on? Shan E NE Ve cor drir drir sure | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t do y sspirit | NKEFNOI MOI tha YOU ts, 1 | KEC t co ha sm |) 2- 2- 5 - 5 - | How we have a second of the se | ow The | me of where of | an did oh oer oic | ol? mada al cala | ont ont day | da top h v w | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | e y (2-3 : 500 (500 (500 (7 - 9 | itim ? _ | es dr | per per | ary | eek ? | ter | - | of v | 4+ win 10+ | tim e is | es 9 u | pe |) er ₩ s | | | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 | ent occup 1 c 1 c 1 r en do you Mor dard alcoh k is: 1 single | oatio am c am c have havhilly olic mea | on? Shan E NE Ve cor drir drir sure | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t do y sspirit | NKEFNOI MOI tha YOU ts, 1 | KEC t co ha sm |) 2- 2- 5 - 5 - | How Watain 4 tii on glas | ow The | me of where of | an did oh oer oic | ol? mada al cala | ont ont day | da top h v w | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | e yo | itim ? _ | es dr | per per | ary | eek ? | ter | - | of v | 4+ win 10+ | tim e is | es 9 u | pe |) er ₩ s | /ee | | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 How often do you | ent occup en do you Mor dard alcoh k is: 1 single 3 - 4 ou have 6 c | oatio am c am c have havhilly olic mea | on? Shan E NE Ve cor drir drir sure | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t do y sspirit | NKEFNOI MOI tha YOU ts, 1 | KEC t co ha sm |) 2- 2- 5 - 5 - | How we have a second of the se | ow The | me of where of | an did oh oer oic | ol? mada al cala | ont ont day | da top h v w | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | e y (2-3 : 500 (500 (500 (7 - 9 | itim ? _ | es dr | per per | ary | eek ? | ter | - | of v | 4+ win 10+ | tim e is | es 9 u | pe |) er ₩ s | | | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 How often do you Never | ent occup | pational and contact the contact that th | on? SN SN Sn E NE Or Or Ori Ore Ore | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t ink t ink t ink t | NKEFNOI MOI tha YOU ts, 1 | KEC t co ha sm |) 2- 2- 5 - 5 - | How we have a second of the se | ow The | me of where of | an did oh oer oic | ol? mada al cala | ont ont day | da top h v w | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | e y (2-3 : 500 (500 (500 (7 - 9 | itim ? _ | es dr | per per | ary | eek ? | ter | - | of v | 4+ win 10+ | tim e is | es 9 u | pe |) er ₩ s | | | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drining 1 - 2 How often do you Never Nominated Pho | ent occup en do you Mor Mor dard alcoh k is: 1 single 3 - 4 ou have 6 c | am cam cam cam cam cam cam cam cam cam c | ally | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t do y sspirit | MOI tha You ard | KEC ha | ont 2- 2- 5 - M | Howard Additional Addi | ow The is c or or or | y ma pen co ses po type type f w ne a | an did oh oer oc | ol? mada ala | ont day alf c | da tor h n? | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | e y (2-3 : 500 (500 (500 (7 - 9 | ; _ | es dr | per per | ary we | • Ve | bo | - [[[will | of v | 4+ win 10+ Dai | tim e is | es 90 | pe unit |) er w | t do | aily | |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drining 1 - 2 How often do you Never Nominated Photo Which Pharmacy | ent occup en do you Mor Mor dard alcoh k is: 1 single 3 - 4 ou have 6 c | am cam cam cam cam cam cam cam cam cam c | ally | MOk EX-S EVEI a dri less nks (e of | (ER MO R SM ink t do y sspirit | MOI tha You ard | KEC ha | ont 2- 2- 5 - M | Howard Additional Addi | ow The is c or or or | y ma pen co ses po type type f w ne a | an did oh oer oc | ol? mada ala | ont day alf c | da tor h n? | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard | 2-3 : 200 (eeer, 7 - 9 | ; _ | es dr | per inkii | ary we | • Ve | bo | - [[[will | of v | 4+ win 10+ Dai | tim e is | es 90 | pe unit |) er w | t da | aily | ⊕. |
| What is your curr Social Habits Smoking: please tick the box that applies to you Alcohol: How off Never How many stance One standard drint 1 - 2 How often do you Never Nominated Photo Which Pharmacy Would you like you | ent occup 1 c 1 c 1 c 1 c 1 c 1 c men do you Mor dard alcoh k is: 1 single 3 - 4 ou have 6 c Less crmacy y do you ne | oatio am c am c have have have that orme | on? Shan E NE Ve C Vor drin ore ally ns t | MOk EX-S EVEI a dri less nks (e of sta non | (ER MO R SM ink t do y do y espirit | KEFMOI tha you ts, 1 | KED t co | ont 2- all s hks M | How Water aim 4 time on a glass on on the one one one one one one one one one on | ow The | r me o | an did ohe oer occ | ol? mada ala | ont day alf c | da top h v w a pi | y? ₋ sn Sn Sn Sn Sn Sn Sn Sn | Ard nok | 2-3 : 200 (eeer, 7 - 9 | ; _ timare lag | es dr ger | per inkii | ary - we ng: ide | • Ve | bo | - [[[will | of v | 4+ win 10+ Dai | tim e is | es 90 | pe unit |) er w | t do | aily | 0. |

<u>Measurements</u>

| HEIG | GHT, WEIGHT AND BLOOD PRESSURE | * PLEA | SE USE THE MACHINE IN THE FOYER AND | ATTACH PRINTOUT |
|----------|--|----------------|--|-------------------------|
| Exer | <u>cise</u> Do you take exercise that lasts for at leas | st 20 minut | es per session? TYes TNo | |
| | | | □ 3+ | |
| | er/Housebound information | | | |
| | | nd contac | t no. of Carer: | |
| | <u></u> | | ou care for: | |
| | you housebound? \square Yes | person ye | | |
| | sonal medical history | | | |
| | se list with dates any significant (chronic or ac | :ute) curre | nt or past illnesses, operations and especial | ly allergies |
| ILLN | ESS, OPERATION OR ALLERGY | Date | ILLNESS, OPERATION OR ALLERGY | Date |
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| DO | YOU TAKE ANY REGULAR MEDICAT | ION | | YES / NO |
| | | | | |
| | nily History | | | |
| Hav | e any of your close family (parents/brother/sist | er) had ar | ny of these illnesses or conditions? | |
| [| | Details, for e | example Father, Mother, Sister | |
| | Raised cholesterol Stroke | | | |
| | Heart disease before the age of 60 | | | |
| | Heart disease after the age of 60 | | | |
| | Asthma | | | |
| | Cancer | | | |
| | Diabetes | | | |
| Wor | <u>men only</u> | | | |
| Are | you pregnant? Yes No If Yes, wh | nen is your | baby due? | |
| Who | at type of contraception do you use, if any? _ | | | |
| | | | | |
| Do | you have any information or commun | ication (| needs we should know about? | ☐ Yes ☐ No |
| | example - Do you need documents in larg | | | |
| | ase let us know how we can help you. | ge piiiii, e | a sign language imerpreter, use of our r | icaling did loop ? |
| | , | | | |
| | THANK YOU FOR YOUR TIME AN | D YOUR | HELP IN COMPLETING THIS QUESTION | INAIRE |
| | Issuing of the registration docur | nents doe: | s not guarantee registration with this Practic | e |
| For | office use only: ENTITLED TO SECONDAR | Y CARE ? | P: Yes No PATIENT ADVISE | □ ? : □ Yes □ No |
| Proc | f of ID seen: Yes No European Healtl | h Insuranc | e card (EHIC – S1or S2) 🗌 Yes 🔲 No | |
| Type | o: | | Initials/Date: | |
| | of address seen (for example Utility Bill): | | | |
| Туре | o: | | Initials/Date: | |