



**MUNRO MEDICAL CENTRE**

**CONFIDENTIAL REGISTRATION QUESTIONNAIRE**

Please complete the following details and return to Reception with proof of identification. If you would like to register for online services or require further information, please ask Reception.

Mr / Mrs / Miss / Ms / Other ..... Male  Female

Surname..... Date of Birth.....

First Name(s).....

Previous Surname(s).....

NHS Number.....

Town and Country of Birth.....

Address.....

.....Postcode.....

Telephone Number.....Mobile number.....

➤ Email address.....

➤ \*Please note we will send appointment reminders and practice information via SMS or email, if you would prefer us NOT do this, please tick the  box

Previous Address.....

.....Postcode.....

Name of Previous Doctor.....

Ethnic Group..... First language.....

If you are from abroad – Entry Date to UK.....

Armed Services – Enlistment Date..... Discharge Date.....

Do you have a Carer? (If yes, please collect a form from reception).....

Are you a Carer? (If yes, please collect a form from reception).....

**Smoking Status**

Do you smoke Yes  No

If 'No', have you ever smoked? Yes  No

Would you like advice on giving up smoking? Yes  No

If 'Yes', how much/many do you smoke a day? .....

**Alcohol Consumption**

Do you drink alcohol? Yes  No

If 'Yes', how many units a week do you drink?.....

***Approx units: (a pint of beer = 3, a medium glass of wine + 2.5 and a single measure of spirit = 1)***

**Repeat Medication/Allergies**

Do you have any allergies? Yes  No

If 'Yes', details.....

Are you taking prescribed medications? Yes  No

If 'Yes', please list below, or attach a copy of the prescription.

Drug	Strength (mg)	Dose

**Are you a carer?**

If you support someone who could not manage on their own, we understand you may have additional requirements to make appointments more manageable, please let reception know.

**Next of Kin Details** (Please give name, address, telephone number and relationship)

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**Medical Record consent**

If you wish to nominate another person we can speak to with results or medical queries (i.e. Partner/Carer/Family member etc), please give their name, telephone number and relationship, you can change this at any time by contacting reception.

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**NHS Summary Care Record (SCR)**

Your SCR is a list of any known allergies and medications you are taking. We share this information with the hospital or other healthcare providers to help enable immediate and safe treatment to be given in the event of an accident.

If you would prefer us **NOT** to share this information, please tick here  and complete an 'opt out' form available in reception.

**Enhanced Data Sharing Module (EDSM)**

The EDSM is your choice to share your health record with the hospital and other healthcare providers, similarly to the SCR, this ensures the best care can be provided as providers have all the information they need.

Information in the EDSM can be 'shared in', this allows us as your GP surgery to see information the hospital and other providers hold about you, i.e. unplanned hospital visits or care providers treating you. This is important for any on-going care as we know immediately what care or treatment you have already received.

If you would prefer them **NOT** to share this information with us, please tick here  and complete an 'opt out' form available in reception.

Information can also be 'shared out', this allows the hospital and other healthcare providers to see relevant information we hold in your record. Again, this is important in the decisions about the care you are given.

If you would prefer us **NOT** to share this information, please tick here  and complete an 'opt out' form available in reception.

A practice information leaflet and the 'opt out' form are available from reception.  
If you have any queries or would like further information on any of the policies mentioned above, please ask at reception, or visit [www.munromedicalcentre.co.uk](http://www.munromedicalcentre.co.uk)

**Accessible Information**

If you require this information in an alternative format, please indicate in the boxes below, or speak to a receptionist about your requirements.

Large Print	Easy to Read	Via Email	Alternative language	Braille	Other support needed
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Are you ordinarily resident in the UK? YES/NO

If NO, do you hold a non-uk issued EHIC or an S1 form YES/NO

If yes, please provide all relevant details.

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**Online Access**

We will provide you with a password to allow you to book appointments and request repeat prescriptions online, unless you wish to opt out, I WISH TO OPT OUT  (please tick the box)

Name.....

Signed.....

Date.....

Nominated Pharmacy .....