



Dr. S. E. Priestley Dr. P. D. Kelly Dr. J. Inmonger Dr. M. H. Martin Dr. A. Y. McGuire Dr. S. L. Hall
Dr A. K. Madan Dr. D. T. Bennett

South Shore Primary Care Centre, Lytham Road, Blackpool. FY4 1TJ, Telephone (01253) 953950 Fax (01253) 957670

Welcome to Highfield Surgery

Please complete the Registration and Health Screening Forms as fully as possible as this information will help us with your medical care until we are able to obtain your medical records from your old GP. After completion please hand the forms to the receptionist.

New Patient Medical

If you fall into one of the following categories you will be required to attend a New Patient Medical. You should make sure that you have booked an appointment for your medical within one month of completing these registration forms. You can book your appointment at reception or you can call the surgery on 01253 953950. We would appreciate it if you called between the hours of 6.00pm and 7.30pm Monday to Thursday as the phones are quietest during this time.

The groups of patients who are required to attend for a **New Patient Medical** are:

All patients aged over 40 years

All patients under 40 years who suffer from a Chronic Disease
(i.e. Diabetes, Heart Disease, Asthma, COPD)

Patients on Regular Medication

If you are on regular medication you will be required to see one of our doctors so that they can authorise the repeat prescribing of your medication. Please note that we will only supply one month's repeat medication using the old request form from your previous GP. After this no more medication will be issued until you have been seen by a doctor. Speak to the receptionist before you leave the surgery to book an appointment.

If you fall into one of the above categories and we note that within one month of completing your registration forms you have not made an appointment for either a New Patient Medical or to see a doctor we will assume that you no longer wish to continue with your registration application and will cancel your forms.



Highfield Surgery New Patient Health Questionnaire

Title: Mr Mrs Miss Ms	Surname
Date of birth / /	First names
Occupation/School/College <small>If school please state which school</small>	Previous surnames

Home Address	Home Tel
	Work Tel
	Mobile
Postcode	Email

Mothers surname (if new patient is a child)	Name of school (If child is in full time education)
Next of Kin	Relationship
Contact number of next of kin	
Why have you chosen to register with our practice?	

Personal Medical History

Do you suffer from the following:	
Heart disease	Yes/No
Hypertension	Yes/No
Diabetes	Yes/No
Asthma	Yes/No
COPD	Yes/No
Are you allergic to anything:	
Please list any serious illnesses/operations/accidents/disabilities (and for any pregnancy related problems) and the year they took place:	

Medication

Please list any medication that you are currently taking:

Lifestyle

Do you smoke?	Yes/No
How many cigarettes/oz of tobacco a day?	
Have you ever smoked?	Yes/No
When did you give up?	
Would you like any advice on giving up?	Yes/No

Do you drink alcohol	Yes/No
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Average amount per week			
Pints of beer	Qty	Glasses of wine	Qty
Pints of cider	Qty	Measures of spirit	Qty
Bottles of Alcohol pops	Qty		

Family History

Please state any serious illness, in particular heart disease, strokes, high blood pressure, breast cancer, bowel cancer, prostate cancer, ovarian cancer, diabetes or any inherited disease:	Please state: Relationship and Age
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If you are worried about your risk rate in relation to family history of breast cancer/or ovarian cancer you can check you risk at:

<http://www.macmillan.org.uk/Cancerinformation/Causesriskfactors/Genetics/OPERA.aspx>

Women

Have you ever had a cervical smear?	Yes/No
If 'yes' please state when and where	

Careers Information

Are you a carer?	Yes/No
Do you have a carer?	Yes/No
If 'yes' please state there name and address and relationship	

Ethnic Group – please circle which one applies to you

White: British	Irish	Other please state
Black: Caribbean	African	Other please state
Asian: Indian	Pakistani	Chinese
Other please state		
Mixed: White + black Caribbean	White + Black African	
White + Asian	Other please state	

Thank you for completing the form and welcome to Highfield Surgery