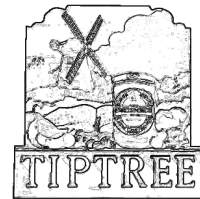


Tiptree Medical Centre
Church Road Tiptree Essex CO5 0HB
☎ 01621 816475
Fax 01621 819902
Email tiptreemicalcentre@nhs.net
Web www.tiptree-medcentre.co.uk



Family
Healthcare

New Patient Registration Form

Full Name:	
Mr/Mrs/Miss/Ms/Other (please circle)	
Date of Birth:	
Gender: Male/Female (please circle)	
Address:	
Post code:	
Tel Number:	Next of kin (please state relationship):
Mobile Number:	
Next of Kin Contact Number:	
Do you have any special communication issues: Yes/No If yes please specify	

Your height:	Your weight:
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Are you currently a smoker?	Yes/No (please circle)
Are you an ex-smoker?	Yes/No (please circle)
Never smoked?	Yes/No (please circle)

If you are a smoker and want to stop, please ask for information about our Smoking Cessation Services

How often do you have a drink that contains alcohol? (please circle)

Never

Monthly or less

2-4 times per month

2-3 times per week

4+ times per week

How many units do you have on a typical day? (please circle)

Small glass of wine = 1.5 units

Pint of beer = 2 units

Single measure of spirits = 1 unit

N/A

1-2

3-4

5-6

7-9

10+

In the last 6 months how many times have you had more than 6 units in any one occasion?

N/A

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Are you a carer? Yes/No (please circle)

Do you have a carer? Yes/No (please circle)

Do you currently take any medication? Yes/No (please circle)

If yes, please list:

Do you have any allergies? Yes/No (please circle)

If yes, please list:

Are there any serious diseases that affect your family? (tick all that apply)

Diabetes

Heart attack

Heart attack under the age of 60

Cancer

High blood pressure

Asthma

Stroke

Thyroid disorder

Other (please state)

Summary Care Records

The NHS is changing the way your health information is stored and managed. The NHS Summary Care Record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. And information back has been provided.

Are you happy to have a Summary Care Record?	Yes/No (please circle)
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Patient Participation Group

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views on developments within the Practice. The group consists of patients that attend regular meetings and also virtual members that participate via email. If you are interested in being involved in our Patient Participation Group, please tick the box below.

Yes I am interested in becoming involved in the Patient Participation Group	<input type="checkbox"/>
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Prescriptions

We produce all of our repeat prescriptions electronically and send them directly to the pharmacy of your choice. Please either let the pharmacy know directly or indicate a pharmacy below.

Tiptree Pharmacy

Boots Pharmacy, Tiptree

Tollesbury Pharmacy

Other _____ (we will need to check they are enabled to receive electronic prescriptions)

New Patient Health Checks

All patients that register at Tiptree Medical Centre are invited to attend for a new patient health check with a Healthcare Assistant. This will include having your height, weight and blood pressure taken, and also recording any conditions you may have.

Thank you for completing this form.

For more information about the services we offer, please refer to the Practice booklet or visit www.tiptreemed-centre.co.uk