GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

NEYLAND & JOHNSTON MEDICAL PRACTICE

NEW PATIENT REGISTRATION HEALTH QUESTIONNAIRE – NURSING/RESIDENTIAL HOME

For information on how we will use your data please click on this link Full privacy notice - Hywel Dda University Health Board or go to https://hduhb.nhs.wales/about-us/governance-arrangements/your-information-your-rights/privacy-notices/full-privacy-notice/

Please return the completed registration form and new patient questionnaire forms to reception.

Personal details:

Preferred Pronouns: e.g.: he/him, she/her, they/them		Title (Mr/Mrs/Miss etc.)	

Surname: First Name(s):

NHS number: D.O.B.

Marital Status:

Name of Care Home:

Postcode:

Contact Number: Email Address:

Has the patient been registered at the practice before? YES ☐ NO ☐

Is the patient going to be permanent or temporary resident at the residential / care home?

(Please use code *"Lives in a residential home")* YES ☐ NO ☐

Emergency contact details: these contacts will only be used in case of an emergency

Name of next of kin:

Contact number: Relationship to the patient:

Other emergency contacts:

Name:

Contact number: Relationship to the patient:

Has the patient consented to discuss medical matters with the next of kin/emergency contact?

NO ☐ YES ☐ If yes, please provide information -

Does the patient have any LPA (Lasting Power of Attorney) in place? NO ☐ YES ☐

If yes please select the type below:

☐ Health and Welfare (Please provide a copy) ☐ Property and financial affairs

Does the patient have a Deprivation of Liberty Safeguards (DoLs) in place? NO ☐ YES ☐

If yes please provide details:

Does the patient have an ACP (Advance Care Plan) or ADRT (Advance Decision to Refuse Treatment) in place? NO ☐ YES ☐ If yes, please provide information -

Does the patient have a DNACPR (Do Not Attempt Cardiovascular Resuscitation) in place?

NO ☐ YES ☐ If yes, please provide a copy of the directive.

Does the patient have the capacity to make decisions about their care? YES ☐ NO ☐							
Please state the reason for needing Care / Residential Home placement:							
ETHNIC ORIGIN: I would describe my ethnic origin as (please tick)							
WHITE		**ASIAN, ASIAN WELSH OR ASIAN BRITISH**		**Black, Black Welsh, Black British, Caribbean or African**		**Mixed or Multiple Ethnic or Other Ethnic Group**	
Welsh		Indian		Caribbean		White & Black Caribbean	
English		Pakistani		African		White & Black African	
Scottish		Bangladeshi		Any other Black, Black British or Caribbean background		White & Asian	
Northern Irish		Chinese				Any other mixed or multiple ethnic background	
British		Any other Asian Background-					
						Arab	
						Any other ethnic group	
LANGUAGE PREFERENCE (Please select one)				WELSH		ENGLISH		OTHER	
If other, please specify:							
WHICH GENDER DO YOU INDENTIFY WITH (Please tick)							
MALE		FEMALE		OTHER PREFERRED DESCRIPTION		PREFER NOT TO SAY	

LIFESTYLE					
Height (cm)		Weight (kg)		BMI	
Blood Pressure	Lying	/	Standing	/	
Hear Rate		Is pulse regular?	YES ☐ NO ☐		
Does the patient smoke?	Yes ☐	No ☐	Ex Smoker ☐		
If yes please state number of cigarettes per day _____, or ounces of tobacco _____					
Do you vape?	Yes ☐	No ☐	Ex vape user ☐		
Do you use chewing tobacco?	Yes ☐	No ☐	Ex user of chewing tobacco ☐		
MOBILITY					
Independent ☐	Stick ☐	Zimmer ☐	Wheelchair ☐	Bedbound ☐	
CONTINENCE					
N/A ☐	Single ☐	Double ☐			

ALCOHOL: Answer the following questions the best you can, to the best of your knowledge.
Below is a simple guide to how much alcohol different drinks contain to help you give an answer:

750ml Bottle of Wine	10 units	*175ml (standard) glass wine*	2 units	*25ml(single) shot of spirits*	1 Unit
70cl(standard) bottle of spirits	28 units	*Pint of 3.6% lager/beer/cider*	2 Units	*Pint of 5.2% lager/beer/cider*	3 Units

How often do they have a drink that contains alcohol?

Never ☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times a week ☐ 4+ times per week

How many standard alcoholic drinks do they have on a typical day when drinking?

1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ 10+☐

Follow the link below for more information, including a guide to calculate your alcohol consumption Alcohol units - NHS – or you can use an Alcohol Change ledger - Unit accountant | Alcohol Change UK

Medical History: Does the resident suffer from any of the following (please indicate as appropriate): -

Note: The information you provide us with may help us provide you with necessary care as we await your medical records from your previous surgery.

Diabetes No ☐ Yes ☐. If yes, please specify - Diet control ☐ Tablets ☐ Insulin ☐
Asthma No ☐ Yes ☐
COPD (Chronic Obstructive Pulmonary Disease)? No ☐ Yes ☐
Heart Disease No ☐ Yes ☐
High Blood Pressure No ☐ Yes ☐
Epilepsy No ☐ Yes ☐
Stroke No ☐ Yes ☐ If yes please specify the date:
Thyroid Problems No ☐ Yes ☐ If yes please specify the following: Hyperthyroid ☐ Hypothyroid ☐
Cancer / Tumors No ☐ Yes ☐ If yes please specify:
Have you received a blood transfusion before 1996? No ☐ Yes ☐
Are you currently under the care of a specialist consultant or undergoing specialist treatment? No ☐ Yes ☐ If yes, please provide relevant details:
Allergies: *Have you ever experienced an adverse reaction? If yes, please specify medication and/or environmental (including food stuff etc.), and what reaction you experienced e.g. sickness, rash, anaphylaxis.* No ☐ Yes ☐
Veteran Status: **Are you a HM Forces Military Veteran?** No ☐ Yes ☐ If yes please provide brief details:

MEDICATION:

IF IN RECEIPT OF REPEAT MEDICATION, WOULD YOU PLEASE GIVE PERMISSION TO ALLOW PRESCRIPTIONS TO BE SENT TO THE CHOSEN PHARMACY ELECTRONICALLY (EPS).

No ☐ Yes ☐ NAME OF NOMINATED PHARMACY:

Please list all repeat medications and attach a recent repeat list from the previous doctors to this form. ***N.B. Please ensure that you have a 28-day supply from the previous surgery before registering.***
