Register online
It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

NHS Register with a GP Surgery

Mexborough Health Centre

NEW PATIENT HEALTH QUESTIONNAIRE

1. PATIENT DETAILS

Title	Mr		Mrs		Miss		Ms	
Date of Birth	__ __ / __ __ / __ __ __ __							
What is your sex as recorded on your NHS Record?	Female ☐ Male ☐ Intersex ☐ Not specified or known ☐							
First Names								
Surname								
Previous Surnames								
Address								
Town or City of Birth								
Country of Birth								
Telephone Number **Home**								
Telephone Number **Mobile**								
Telephone Number **Work**								
Email Address								

2. RESIDENCY STATUS

You can still register with this GP surgery even if you are not ordinarily resident. Your residency status only affects eligibility for free hospital treatment, not GP care.

Are you ordinarily a resident in the UK? (This means you are living lawfully in the UK on a settled basis. It helps determine your entitlement to free NHS care)	Yes ☐ No ☐	
If you are not ordinarily resident in the UK, please indicate which category applies.	Asylum Seeker Refugee Visa Holder Visitor form EEA Other	☐ ☐ ☐ ☐
Have you registered with a UK GP before?	Yes ☐ No ☐	
NHS Number (if known)		

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NHS Register with a GP Surgery

3. UK ARMED FORCES HISTORY

Have you ever been registered with a Ministry of Defence GP?	Yes ☐ No ☐

4. OPTIONAL GENDER IDENTITY

Do you identify as the same gender you were assigned at birth?	Yes ☐ No ☐
Please tell us your gender identity	
Preferred name and pronouns (e.g. they/them)	

5. NEXT OF KIN DETAILS

Name	
Address	
Telephone number	
Relationship to patient	

6. ETHNIC BACKGROUND

☐ White – British / Irish	☐ Black - African	☐ Asian - Chinese
☐ White - Other	☐ Black - Caribbean	☐ Asian - Other
☐ Mixed - White and Black Caribbean	☐ Black - Other	☐ Other - Arab
☐ Mixed - White and Black African	☐ Asian - Indian	☐ Other - Any other
☐ Mixed - White and Asian	☐ Asian - Pakistani	☐ Prefer not to say
☐ Mixed - Other	☐ Asian - Bangladeshi	

7. LANGUAGE AND INTERPRETER

Do you need an interpreter?	Yes ☐ No ☐
Which language is required?	

8. COMMUNICATIONS AND ONLNE SERVICE PREFERENCES

Do you agree to receive messages *(e.g. appointment reminders)* **by text from the surgery?**	Yes ☐ No ☐
Do you want online access to book appointments and request repeat prescriptions?	Yes ☐ No ☐

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NHS Register with a GP Surgery

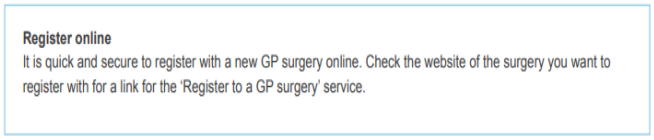
You can help save lives as a blood or organ donor. Become someone's lifeline.
Visit www.nhsbt.nhs.uk/lifeline or **call us on 0300 123 23 23.**

9. CARER INFORMATION

Do you have a carer? *(someone who looks after you)*	Yes ☐	No ☐
Are you a carer? *(do you look after someone else)*	Yes ☐	No ☐
If yes, please give details:		
Do you hold a living will?	Yes ☐	No ☐

10. ACCESSIBILITY AND SUPPORT NEEDS

Do you consider yourself to have a mobility disability?	Yes ☐	No ☐
Do you consider yourself to have a long-term impairment or sensory loss (e.g. vision, hearing, speech)?	Yes ☐	No ☐
What could we do to make it easier for you to use our health services? *(This may include support such as providing information in large print, braille, audio format, easy read, or arranging for communication support like a BSL interpreter.)*		
What is your current employment status?	☐ Employed ☐ Retired ☐ Unemployed	



NHS Register with a GP Surgery

11. MEDICATION

Please make sure you have at least a 2-month supply of any regular medication from your previous GP.

Please list any medicines you take regularly. Include the name, dosage (e.g. 10mg), and when you usually take them. Tick all that apply.

Name and location of your preferred pharmacy:				
Medication Name	**Dose**	**AM**	**Lunch**	**PM**

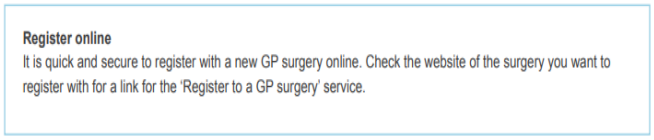
We review medication regularly. Depending on your needs, you may be asked to collect prescriptions weekly, every two weeks, or monthly

12. CONTROLLED MEDICATION

Do you get prescriptions for any controlled medication?	Yes ☐ No ☐

13. ALLERGIES

Are you allergic to any medications?	Yes ☐ No ☐ *(If yes please give details)*



NHS Register with a GP Surgery

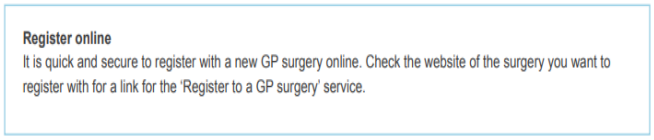
14. MEDICAL INFORMATION

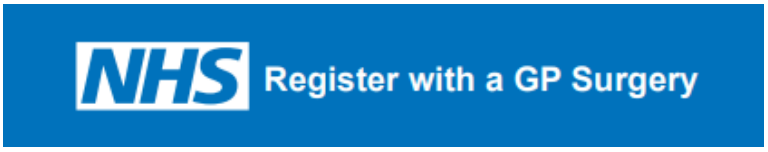
Please tick any of the following conditions you have been diagnosed with.
This helps us understand your health needs and ensure appropriate follow-up care is arranged. If you're unsure, please speak to Reception or a clinician.

Hypertension	Yes ☐	Chronic Kidney Disease	Yes ☐
Heart Attack/Stroke	Yes ☐	Epilepsy	Yes ☐
Atrial Fibrillation	Yes ☐	Rheumatoid Arthritis	Yes ☐
Heart Failure	Yes ☐	Dementia	Yes ☐
Diabetes	Yes ☐	Learning Difficulties	Yes ☐
Asthma	Yes ☐	Depression On medication	Yes ☐
COPD	Yes ☐	Schizophrenia / Psychosis / Bipolar	Yes ☐

15. SMOKING **Do you currently:**	☐ Smoke cigarettes ☐ Vape (use an e-cigarette) ☐ Used to smoke (ex-smoker) ☐ Never smoked tobacco
If you smoke, how many cigarettes per day?	
If you are an ex-smoker, what date did you stop?	__ __ / __ __ / __ __ __ __

16. ALCOHOL **How often do you have a drink containing alcohol?**	☐ Never ☐ Monthly or less ☐ 2–4 times a month ☐ 2–3 times a week ☐ 4 or more times a week
How many units of alcohol do you drink on a typical day when you are drinking? (*1 pint of 4% beer is 2.5 units and 25ml shot of spirits is 1 unit)*	☐ 1–2 units ☐ 3–4 units ☐ 5–6 units ☐ 7–9 units ☐ 10 or more units
How often do you have six or more units on one occasion?	☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily





17. WOMENS HEALTH

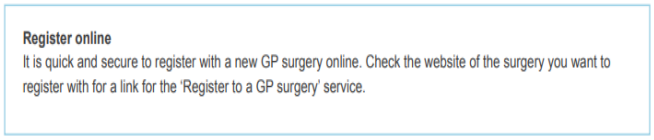
We offer a range of services including family planning which includes coil and implant and ring pessary fitting.

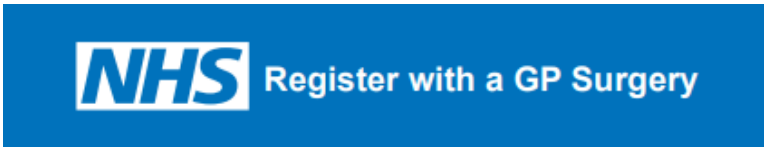
Date of your last cervical smear?	_ _ / _ _ / _ _ _ _

Do you currently use any of the following contraceptive or support devices?

- Ring Pessary: ☐ Yes When is it due to be changed? _ _ / _ _ / _ _ _ _
- Coil (IUD/IUS): ☐ Yes When is it due to be changed? _ _ / _ _ / _ _ _ _
- Implanon: ☐ Yes When is it due to be changed? _ _ / _ _ / _ _ _ _

Are you currently taking a contraceptive pill?	Yes ☐ No ☐
Are you currently receiving contraceptive injections (e.g. Depo-Provera)?	Yes ☐ No ☐
If yes date of last injection	_ _ / _ _ / _ _ _ _





18. Information for New Patients – Your Summary Care Record (SCR)

Dear patient,

Most patients registered with an NHS GP in England have a Summary Care Record (SCR) unless they have chosen to opt out. This is an electronic record that contains important information from your GP health record, including:

- The medicines you take
- Allergies you have
- Any bad reactions to medicines you've experienced

Your SCR helps ensure that other health and care professionals involved in your treatment (e.g. in A&E or out-of-hours services) have quick access to key information, especially in emergencies or when you are unable to communicate.

Your choices about sharing information

You can choose how much information is included in your SCR. Please indicate your preference on the consent form:

- ☐ Express consent – Core information only
  (medications, allergies, and adverse reactions)
- ☐ Express consent – Additional information
  Includes the above plus significant medical history, care needs, communication preferences, and end-of-life care information (where applicable)
- ☐ Express dissent (opt-out)
  No information will be shared via the Summary Care Record

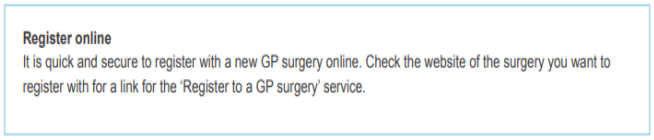
If you do not indicate a preference, a core SCR will be created by default (medications, allergies, adverse reactions only).

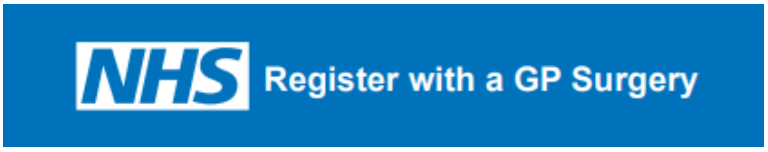
You can change your preference at any time by speaking to your GP practice.

Signature: _____ Date: __ __ / __ __ / __ __ __ __

If you are completing this form on behalf of someone else, please also fill in your details below:

Your Name: _____
Relationship to patient (tick one):
☐ Parent ☐ Legal Guardian ☐ Power of Attorney for Health & Welfare





19. Zero Tolerance – Respect for Staff and Patients

We are committed to providing a safe, respectful environment for patients and staff.

Aggressive, abusive or violent behaviour towards any member of the practice team or other patients will not be tolerated under any circumstances. This includes:

- Verbal threats or shouting (in person or over the phone)
- Discriminatory, racist, or offensive language
- Physical intimidation or violence

Patients who behave inappropriately will be sent a formal warning. Further incidents may result in removal from the practice list. There is no appeal process.

We thank you for treating our staff with the courtesy and respect they deserve.

Have you been registered at this practice before?

☐ Yes ☐ No

Date leaving: __ __ / __ __ / __ __ __ __

Why are you leaving your previous GP practice?

Have you ever displayed threatening or violent behaviour?

☐ Yes ☐ No (if yes please comment)

Have you been identified under the NHS Zero Tolerance (Violent Patient Scheme)?

☐ Yes ☐ No (if yes please comment)

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NHS Register with a GP Surgery

For Staff Use Only

Identification (ID) Check

Please tick which form(s) of ID have been seen (if any):

☐ Birth Certificate ☐ Driving Licence ☐ Passport ☐ Utility Bill ☐ Other: _____

Appointment Booked For:

☐ Chronic Disease Review

☐ NHS Health Check

☐ Depo Injection

☐ Contraceptive Pill Check

Document scanned into EMIS patient record: ☐ Yes

Staff Member Name/Signature:

_____

Date: _____ / _____ / _____