

**Application to join: Moss Grove Surgery Medical List.**

**Family Doctor Services Registration**

<b>Patient Details:</b>				<b>Please complete and tick ✓ as appropriate</b>		
Mr	Mrs	Miss	Ms	Surname:		
Date of Birth:				First Names:		
NHS No:				Previous Surname/s:		
Male:		Female:		Town and Country of birth:		
Home Address:						
Post Code:				Telephone Number:		
Please help us trace your previous medical records by providing the following information						
Your previous address in UK:				Name of previous Doctor while at that address:		
				Address of previous Doctor:		
If you are from abroad						
Your first UK address where registered with a GP:						
If previously resident in UK, date of leaving:				Date you first came to live in UK:		
If you are returning from the Armed Forces						
Address before enlisting:						
Service or Personnel number:				Enlistment Date:		
<b>If you are registering a child under 5</b>						
I wish the child above to be registered with the Doctor name overleaf for Child Health Surveillance						
<b>If you need your Doctor to dispense medicines and appliance</b> * Not all Doctors are authorised to dispense medicines						
I live more than 1 mile in a straight line from the nearest chemist						
I would have serious difficulty in getting them from a Chemist						
Signature of Patient				Signature of behalf of patient:		
Date:				Date:		
<b>Family Doctor Services Registration</b>						
<b>NHS Organ Donor Registration</b>						
I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate.						
Kidneys	Heart	Liver	Corneas	Lungs	Pancreas	Any part of my body
Signature confirming consent to organ donation				Date:		
For more information, please ask for the leaflet to joining the NHS Organ Donor Register						
<b>NHS Blood Donor Registration</b>						
I would like to joint the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.						
Tick here if you have given blood in the last 3 years				Signature confirming consent to inclusion on the NHS Blood Donor Register		
				Date:		
For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is: (only if different from above e.g. your place of work)						
Post Code:						

**To be completed by the Doctor**

Doctors Name:		HA Code:			
I have accepted this patient for general medical services					
For the provision of contraceptive services					
I have accepted this patient for general medical services on behalf of the Doctor name below who is a member of this practice.					
Doctors Name, if different from above		HA Code:			
I am on the HA CHS list and will provide Child Health Surveillance to this patient <b>or</b>					
I have accepted this patient on behalf of the Doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.					
Doctors Name, if different from above		HA Code:			
I will dispense medicines/ appliances to this patient subject to Health Authority's Approval					
I am claiming rural practice payment for this patient					
Distance in miles between my patient's home address and my main surgery is:					
I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.					
<b>Authorised Signature:</b>					
Name:		Date:		Practice Stamp: Moss Grove Surgery, 15 Moss Grove, Kingswinford, West Midlands DY6 9HS	
HA Use only:	Patient registered for:	GMS	CHS	Dispensing	Rural Practice

## Moss Grove Surgery Life-Style Questionnaire

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Day Time Contact Telephone Number(s): \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Do you class yourself as housebound? YES / NO (Please delete which is NOT applicable) \_\_\_\_\_

Could you please indicate the name and telephone number of your carer (If applicable):

Carer's Name: \_\_\_\_\_ Daily Contact Telephone Number: \_\_\_\_\_

(\* Please Ensure that you Complete the Above Information \*)

### ALCOHOL INTAKE

Would you class yourself as a: (Please tick as appropriate)

Currently Drinks	
Ex-Drinker	
Non-drinker	

1 unit = ½ Pint of Beer or a  
Small Glass of Wine or a  
Single Measure of Spirits

Units of alcohol per week

### SMOKING

Would you class yourself as a: (Please tick as appropriate)

Smoker	
Never Smoked	
Ex-smoker	

If you are a smoker, what do you smoke:  
(Please tick as appropriate)

	Amount per day / grams	
Cigarettes		
Tobacco		
Cigars		

### HEIGHT & WEIGHT

What is your current Height:  
What is your current Weight:

Your Current Height	
Your Current Weight	

### EXERCISE

The recommended moderate exercise for a healthy Lifestyle is 30 minutes, 5 times per week of continuous activity to make you slightly puffed or warm (i.e. walking briskly) (Please tick as appropriate)

Do you achieve this more than weekly?	YES	NO	Vigorous
Do you achieve this weekly?	YES	NO	Moderate
Do not achieve this?	YES	NO	Inactive

### FAMILY HISTORY

Has any one of your blood relatives (Brothers / Sisters / Mother / Father / Grandparents) had any of the following illnesses?  
(Please tick as appropriate)

Illness	Relative	Age at diagnosis
Breast Cancer		
Bowel Cancer		
Ovarian Cancer		
Epilepsy		
Asthma		
Diabetes		
Angina or Heart Attack		
Stroke		

### BLOOD PRESSURE

Have you had your blood pressure check within the last three years?  
(Please tick as appropriate)

Yes	
No	

- If you have not had your blood pressure check in the last three years please ask at reception to see Kirsty our Health Care Assistant, who will arrange for this to be done for you.

Thank you for spending the time to complete this questionnaire.

## Moss Grove Surgery - Ethnicity Monitoring Form

The Government inform us that certain diseases may be linked to certain ethnic minority groups and as part of their research they have asked us to gather the information below.

Thanking you for your kind assistance in this matter.

1. Please tick which box of the ethnic group you feel you belong to?	2. Which religion do you practise?
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- A. White
- 9S10 British
- 9S11 Irish
- 9S12 Any other white background

- B. Mixed
- 9SB5 White & Black Caribbean
- 9SB6 White & Black African
- 9SB2 White & Asian
- 9SBL Any other mixed background

- C. Asian or Asian British
- 9S6 Indian
- 9S7 Pakistani
- 9S8 Bangladeshi
- 9SH Any other Asian background

- D. Black or Black British
- 9S2 Caribbean
- 9S3 African
- 9SG Any other black background

- E. Any Other Ethnic Group
- 9S9 Chinese
- 9SAD and write in: Yemeni
- 9SI Travellers
- 9SAD Any other, Please describe:

- .....
- F. 9SD Do not wish to state

- 135S Buddhist
- 135A Christian (including C of E, Catholic Protestant and other Christian faiths)
- 1358 Hindu
- 1355 Jewish
- 1359 Muslim
- 135B Sikh
- 135Z and write in: Any other religion
- 135D None

3. What is your preferred language? (Please choose one)		
	Written	Spoken
Arabic	13n0	13I0
Bengali	13n8	13I1
Cantonese	13n9	13I2
English	13nB	13I4
Gujarati	13Z6Z and write in	13I6
Hindi	13nD	13I8
Panjabi	13n2	13IE
Urdu	13n7	13IL
Spoken / Visual		
Mirpuri	13b4	
Pashto	13Z64	
Pathwari	13Z6Z and write in	
Sylheti	13IJ	
British Sign Language	13ZM	

4. Please tick if ...	
13VC	You have a disability
13VC5	You are registered disabled

Family Name / Surname: ..... Date of Birth: .....