

Dipton Surgery Front St Dipton Stanley DH9 9DA

Please complete the information below if you wish to join this practice. Hand into the receptionist with your medical card and identification see next page for acceptable forms of identification. An appointment will then be arranged for a health check with the nurse. Thank you.

Name.....

Address & Post Code.....

..... email

Telephone Number..... Mobile.....

Date of Birth..... Place of Birth Ethnicity.....

Main spoken language.....

Previous Address..... Previous Doctor.....

Are you Employed? Yes/No Occupation.....

Are you Married? Yes/No Number of Children.....

Are you disabled or Housebound? Yes/No. If Yes –how?.....

How many units of alcohol do you drink weekly?.....

Do you smoke? Yes/No If yes how many daily.....

Height..... Weight.....

Are you on any Prescription Drugs? If yes please list them

1.....2.....3.....4.....

Are you allergic to any drugs? If yes please list them.

1.....2.....3.....4.....

Previous Illness (Please tick)

Chest Problems..... Diabetes..... Blood Pressure..... Anaemia.....

Heart Attack/Angina..... Epilepsy..... Operations.....

Immunisation (Please tick)

Diphtheria..... Whooping Cough..... Tetanus.....

Rubella..... Polio.....

Date of last Cervical Smear test.....

Register for Online services, Booking appointments, order prescriptions **Yes.....No.....**

Nominate your Pharmacy for Electronic Prescriptions

Summary Care Record Information given to patient

I wish to have a summary care record created **Yes.....No.....**

Are you a Carer **Yes.....No.....**