

# Dipton Surgery Browns Buildings Front St Dipton Stanley DH9 9AB

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

Name.....

Address & Post Code.....

.....e mail .....

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.....

**Summary Care Record Information given to patient**

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

Are you a Carer? Yes.....No.....