

KENNEDY WAY SURGERY



Kennedy Way, Yate, S.Glos, BS37 4AA

Telephone: (01454) 313849 (day and night)

Email: bnssg.kws@nhs.net

Welcome to our Practice

There may be a delay before we receive your medical records from your previous doctor's surgery and to assist us in providing you with the best possible care can you please complete the following questionnaire for each patient aged over 16 who is registering with us, for patients under 16 only the first page needs completing- Thank You

Family Name:			
Forename:			
Middle Name:			
Prefer to be known as:			
Address:			
Postcode:			
Date of Birth:			
NHS Number f Known:			
Landline Telephone Number:			
Mobile Phone Number:			
Were you born in the United Kingdom:	Yes	No	
If no please state the country of your birth:			
When did you first enter the UK:			
Have you recently left the British Armed Forces:	Yes	No	
Does anyone hold a Power of Attorney document for you:	Yes	No	
If yes please provide their name and contact number:			
Name:			
Contact Number:			
Can you provide the surgery with a copy of this document:	Yes	No	

Do you have a person who you would like us to contact in an emergency:		Yes	No
If yes please provide their name, relationship to yourself and contact number:			
Name:			
Relationship:			
Contact Number:			
Are they a patient at Kennedy Way Surgery?		Yes	No
Do you have a carer?		Yes	No
Is the carer different to your emergency contact person?			
If yes please provide their name and contact number:			
Name:			
Contact Number:			
Are they a patient at Kennedy Way Surgery?		Yes	No
Are you a carer for someone else?		Yes	No
If yes please provide their name and contact number:			
Name:			
Contact Number:			
Are they a patient at Kennedy Way Surgery?		Yes	No
Telephone calls to and from the Surgery may be recorded for training and monitoring purposes			
The practice offers patients the opportunity to receive SMS messages to confirm appointments and to receive information from the surgery such as test results. This is an additional service and patients should be aware that they may not be sent on all occasions.			
Text messages are generated using a secure facility that are then transmitted over over a public network on to a personal telephone and as such may not be secure.			
If you do not wish to receive text messages from the surgery please tick the box:			
If you do wish to receive texts from the surgery please complete the information below:			
I confirm that the mobile telephone number listed above is my own personal number and is not shared with anyone else		Yes	No
I consent to the Practice contacting me by text message for the purpose of appointment reminders and information from the Practice regarding my healthcare, health promotions and updates		Yes	No

The practice may contact you via email with general information. We will not use			

email to provide any confidential information and we cannot answer or respond to any emails requesting appointments with the clinicians.

I consent to the Practice contacting me by email for the purpose of sharing general information and health promotions:	Yes	No
I confirm that the email address listed above is my own personal email address and is not shared with anyone else:	Yes	No

Gender:

Please confirm which gender you identify as by placing a tick in the appropriate box:

Female		Male		Non Binary	
Do Not Wish to Complete					

Ethnic Group:

Please tick the box indicating what ethnic group you belong to:

White:					
British:		Irish:		Other- Specify:	
Black:					
Carribean:		African:		Other- Specify:	
Asian:					
Indian:		Pakistani		Chinese:	
Other- Specify:					
Mixed:					
White + Black Carribean:		White + Black African:			
White + Asian:		Other- Specify:			
What is your main spoken language:					
Do you need an interpreter:			Yes	No	

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Medication & Medical History:

Height and Weight:

Height:		Weight:	
Are you allergic to any medicines (eg penicillin):		Yes	No
If yes please list below:			
Have you been diagnosed with any long term condition (asthma)		Yes	No
If yes please list below:			
Please list below any medication that you take on a repeat issue basis:			
Please state any serious illness- in particular heart disease, cancers, strokes, high blood pressure, diabetes or inherited diseases that are present in your immediate family:			
How many alcoholic units do you consume in the average week:			
(1 unit= 1/2 a pint of beer; 1 glass of wine; 1 single spirit)			
Men- how often do you have 8 or more drinks on one occasion:			

Never	
Less than monthly	
Monthly	
Weekly	
Daily	
Women- how often do you have 8 or more drinks on one occasion:	
Never	
Less than monthly	
Monthly	
Weekly	
Daily	
Smoking:	
Do you smoke?	Yes No
If you do currently smoke, how many cigarettes or ounces of tobacco do you smoke each week:	
Would you like advice on giving up smoking?	Yes No
If 'no', have you ever smoked?	Yes No
When did you give up smoking:	
Most prescriptions are now produced electronically and sent directly to a pharmacy- please select from the list below which pharmacy you would like your prescriptions sent to:	
Abbotswood Pharmacy:	
Boots Pharmacy Yate:	
Lloyds Chipping Sodbury:	
North Yate Pharmacy:	
Shaunaks Pharmacy, Yate:	
Tesco Pharmacy, Yate:	
Yate Family Pharmacy:	
Information and Data Sharing	
You will be allocated a named GP who will have overall responsibility for your care but you will be able to use any of the GP's working at Kennedy Way Surgery. Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research into new treatments. In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential information is used for research and planning. To find out more please visit the link below:	

www.nhs.uk/your-nhs-data-matters

Summary Care Record- Kennedy Way Surgery participates in the National Summary Care Record. This means that clinical information held by us about your medication and allergies will be available to other NHS staff involved in your care outside of the surgery. Please tick the box below to let us know whether you want a Summary Care Record. Further information about Summary Care Records is available online at www.nhs.uk. You can change your choice at any time by advising us in writing.

I wish information about medication and allergies to be uploaded to the Summary Care Record:

I do not wish information about my medication and allergies to be uploaded to the Summary Care Record:

Connecting Care Record- This is a local Bristol system that will enable hospitals and out of hours clinicians to be able to view key information from your medical records:

I wish key information about my medical history, medication and allergies to be uploaded to a Connecting Care Record:

I do not wish information about my medication and allergies to be uploaded to a Connecting Care Record:

Please sign and date this form when completed:

Signature:

Date: