



WELCOME TO ASH TREES SURGERY

Market Street
Carnforth
Lancashire
LA5 9JU

Tel: 01524 720000

**Please complete this form and return it to Reception as soon as possible,
to enable us to process your registration.**

Name: _____ **Date of Birth:** _____

Contact number (s): _____ **Email:** _____

For registration of children:- Name of parent / guardian: _____

School attended: _____

Patient Access/ MyGP App:

To book appointment or order your repeat medication online, contact the surgery or collect a registration form from any of our receptions.

Summary Care Record:

Yes

No

The Summary Care Record is a copy of key information from your GP record. It provides authorised care professionals with faster, secure access to essential information about you when you need unplanned care or when your GP surgery is closed. Please indicate above if you wish to share your record with other health professionals.

Medication

If you currently taking prescribed medication, please hand in your **repeat prescription counterfoil / bottles or packets of medications** that we can update your records as soon as possible.

Please list any sensitivities to medication or any known allergies.

Present medical conditions

If you have any significant ongoing medical conditions, please list these below (e.g. heart condition, cancer, diabetes etc.).

Family History

If there is any significant medical history in your immediate family, i.e. parents, brothers/sisters, please list these below (e.g. heart condition, cancer, diabetes etc.).

Vaccinations

For registration of children: Please bring in their vaccination record as soon as possible to be included in their computerised notes.

Communication: Do you have any communication / information needs relating to a disability or sensory loss?

Please specify: _____

Smoking:- Smoker Non Smoker Ex Smoker

If you are a smoker, how many cigarettes / cigars do you smoke daily? _____

If an ex-smoker, year stopped _____

There is a lot of help available to enable you to stop smoking and improve your health. Telephone your local smoking cessation advisor on 0800 328 6297

Alcohol

We encourage our patients to be aware of their alcohol intake. Please use the following table to calculate your level of consumption.

Patient Alcohol Screening Tool						
Questions	0	1	2	3	4	Your score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4 + times per week	
How many alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10 +	
How often do you have 6 or more alcoholic drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

Exercise

Indicate which of the following most closely describes your regular level of exercise:-

Light Moderate Heavy No exercise

Inability to exercise due to medical condition

Height: _____ **Weight:** _____

Ethnic group

All GP Practices are now asked to make a record of the ethnic origin and main spoken language of their patients. The purpose for this is so the NHS can identify areas of multiple ethnicity and provide appropriate services there.

Please specify: _____ Main spoken language (e.g. English): _____

Are you a military veteran?

Yes No

Are you a Carer?

If you give unpaid help and support to a family member, friend or neighbour who would not be able to manage without you, you are a carer. The person you look after may have a physical or learning disability, be ill or frail, have mental health problems or misuse drugs or alcohol. They may be a child, partner, friend or neighbour, and they may live with your or elsewhere.

Yes No

If yes, please provide the name, age, and relationship to you for the individual (s) you provide care for:

Whatever your situation, it is important that we know if you are a carer so that we can make sure you receive information, services and the help that is available.