



# Hadrian Health Partnership

**Portugal Place Health Centre**  
 Portugal Place, Wallsend  
 Tyne & Wear, NE28 6RZ  
 Tel: 0191 2625252

**Park Road Medical Practice**  
 93 Park Road, Wallsend  
 Tyne & Wear, NE28 7LP  
 Tel: 0191 2625680

**Battle Hill Health Centre**  
 Belmont Close, Wallsend  
 Tyne & Wear NE28 9DX  
 Tel: 0191 295 8520

## New Patient Questionnaire

**First Name** ..... **Surname** ..... **Date of Birth** .....

### Emergency Contact Information

If you would like us to record an emergency contact in the event of an accident or medical emergency please fill this in below. Please update us if any of this information changes in the future.

<b>Name of emergency contact:</b>		<b>Tel/mobile of emergency contact:</b>	
<b>Date of birth of emergency contact:</b>		<b>What is their relationship to you?</b>	

<b>Ethnicity (please circle):</b>		
British or mixed British	White & Black Caribbean	White & Black African
Irish	White & Asian	Pakistani/British Pakistani
Other White	Indian/British Indian	Bangladeshi/British
Other Mixed	Bangladeshi	Chinese
Caribbean	Other Asian	African
Other Black	Prefer not to say	Other

**Main Language spoken:** ..... **Do you require an interpreter:** YES  NO

**Carer:**  
 Do you look after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without your support? YES  NO   
 Or do you have a carer that fits the description above? YES  NO   
**If you have answered yes to either of the above questions we will ask you to fill in a carers form.**

<b>Allergies:</b> Please let us know if you are you allergic or upset by any particular medication	
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### Please list any current medical problems:

Problem	Date

### Please list any significant past medical problems/operations:

Problem	Date

Please list any current medication you take regularly:

Drug/Medication	Dose	Frequency

Please provide the name and address of the pharmacy you would like your prescriptions to be sent to:  
 .....

<p><b>Do you or any member of your household that are registered at this practice have a social worker?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>Name of social worker:</b></p>
<p><b>Summary Care Record</b>          Please tick if you DO NOT want a summary care record (You will need to complete an opt-out form) <input type="checkbox"/></p>	
<p><b>SMS/Email Consent</b>          If you are providing a mobile number upon registration please note that we send appointment reminders and information via SMS text.</p>	<p>YES <input type="checkbox"/> I give my consent to receive text message reminders.          NO <input type="checkbox"/> I DO NOT give my consent to receive text messages.</p>
<p>If you would like to receive general information regarding the practice, including newsletters via email if so please provide your email address</p>	<p>Email: .....</p>
<p><b>What is your smoker status – please circle</b>          Never Smoked   Ex-smoker   Smoker</p> <p><b>If you are a smoker how many cigarettes do you smoke per day? .....</b></p> <p>If you would like to quit please call the North Tyneside stop smoking service on 0191 643 7171</p>	<p><b>Number of alcohol units consumed on average per week:</b> .....</p> <p><b>Weight</b> ..... <b>Height</b> .....</p> <p><b>Have you ever served in the armed forces?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes please state dates of service .....</p>
<p><b>FGM Information</b> – we have received guidance from the government about travelling to countries and cultures that practice FGM (female genital mutilation). If this concerns you please visit: <a href="http://www.nhs.uk/conditions/female-genital-mutilation-fgm/">www.nhs.uk/conditions/female-genital-mutilation-fgm/</a> for guidance.</p>	<p><b>Female patients only</b></p> <p>Are you currently pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, how many weeks pregnant? .....</p> <p>Date of last smear .....</p> <p>Have you had a hysterectomy? YES <input type="checkbox"/> NO <input type="checkbox"/> Date: .....</p>
<p><b>Online Access</b>          You can self-register for online access by downloading the NHS App, available on Apple and Android.</p>	
<p><b>Why have you chosen our practice to register?</b></p>	