

 0151 295 8686  
 0151 295 8672  
 GPN82066@nhs.net  
 4 Woolton Street, Liverpool, L25 5JA  
 wooltonhousemc.nhs.uk



## Welcome to the practice.

Please complete this form to help us help you while we await your medical records.

Title:                      Surname:                                      First names:

Date of birth:

Previous names:

Address:

Home telephone		Do you give consent for us to call you on this number? Yes/no
Work telephone		Do you give consent for us to call you on this number? Yes/no
Mobile		Do you give consent for us to text or call you on this number? Yes/No
Email		Do you give consent for us to email you? Yes/no

Ethnicity:

Where were you born?:

Occupation:

What is your first language?

Do you need an interpreter?

Summary Care Records are electronic records of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

I allow my personal data to be uploaded to my Summary Care Record:      Yes                      No

Your confidential patient information can be used for planning to improve health and care services, and research to find a cure for serious illnesses.

I allow my data to be used for research and planning:      Yes                      No

If you do not choose 'No' your consent will be assumed.

Please tell us about any ongoing health conditions you have:

Do you take any regular medication? Please list or attach a copy of your repeat prescription:

Any allergies?:

Which pharmacy would you like to collect your prescriptions from?

Do any of your immediate family members have health problems that may be relevant to your care? Please list:

Height:

Weight:

Have you ever smoked? Yes/no

How many per day?

Do you still smoke? Yes/no

Cigarettes/tobacco/cigars/pipe

How often do you have a drink containing alcohol?

How much do you drink on a typical occasion when you are drinking?

How often do you drink 6 or more units on one occasion?

Are you a carer? Do you look after a friend or relative who is sick, disabled, elderly or has mental health problems? Yes/no

Are you cared for by a friend or relative? Yes/no

Is there anything else you feel we should know?:

Signed:

Name:

Date: