**WALTON VILLAGE MEDICAL CENTRE**

**172 Walton Village, Liverpool, L4 6TW**

**Tel: 0151 247 6399**

**www.waltonvillagemc.nhs.uk**

**NEW PATIENT REGISTRATION PACK**

PLEASE NOTE : All patient’s wishing to register with this practice **MUST COMPLETE ALL PARTS OF THIS FORM** – please pay particular attention to the **MEDICATION DECLARATION** – also you will be required to produce **PROOF OF ADDRESS. Eg:** utility bill / tenancy agreement and proof of id passport / driving id.

PLEASE NOTE: THE **REGISTRATION PROCESS** CAN **TAKE UP TO 21 DAYS**.

**YOU WILL NOT BE REGISTERED AT THIS PRACTICE UNTIL 7 WORKING DAYS AFTER YOU HAVE ATTENED YOUR PRE-REGISTRATION MEDICAL**

**FIRST NAME**:………………………..……………… **SURNAME**………………………………………**D.O.B**………………………….

**Please circle: Male / Female Mr / Mrs / Ms**

**ADDRESS**………………………………………………………………………………………………………………….…………………

………..……………………………………………………………………………… **POSTCODE** ………………………………………..

**TELEPHONE NUMBER**……………………………………………………………**EMAIL**:………………………………………………

**PREVIOUS ADDRESS**…………..……………………………………………………………………………………………………………

**PREVIOUS DOCTOR**………………………………………………………………………………………………………………………….

**PREVIOUS DOCTORS ADDRESS**…………………………………………………………………………………………………………..

**IF NOT BORN IN UK, PLACE BORN:…………………………………………………DATE ENTERED UK………………….**

I ………………………….……………………..(please print name) declare the above information is correct:

Signed ……………………………………….Date:……………………. If not patient relationship……….………………

**CARER INFORMATION**

**DO YOU LOOK AFTER SOMEONE ? : YES/NO** (code 918A/G admin use only)

**DOES SOMEONE LOOK AFTER YOU : YES/NO** (code 918F admin use only)

**IF ENGLISH IS NOT YOUR FIRST LANGUAGE**

**WILL YOU REQUIRE AN INTERPRETER? YES / NO** (code 9NU0 admin use only)

**IF YES WHAT LANGUAGE?.................................... ……………………….**

**Have you had a military career ?** (Code 13JY –admin use only) **YES / NO**

**Are you an Asylum Seeker?** (Code 13ZN admin use only) **YES / NO**

**LIFE STYLE:** TO HELP YOU CALCULATE HOW MUCH **ALCOHOL** YOU DRINK PLEASE SEE BELOW

1 pint of beer (larger or cider) = 2.3 units

175ml of wine (red or white) = 2.3 units

25ml spirit (vodka, rum, whisky) = 3.3 units

DO YOU DRINK **ALCOHOL: YES / NO HOW MUCH PER WEEK**: ………………………………………

DO YOU **SMOKE:**  **YES / NO HOW MUCH PER WEEK**: …………………………………………

**PHYSICAL ACTIVITY:** Thinking about all the moderate activities that you do in a typical week, Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. This may include brisk walking, gardening, dancing, cycling, exercise and sport which last for at least 10 minutes:

**Q1:** On average, how many **days per week** do you do moderate physical activities?

0 1 2 3 4 5 6 7

**Q2:** On those days, how much time did you usually spend doing moderate physical activity per day?

……………………………………………………………………………………………………………\ MINS PER DAY.

**OTHER MEDICAL INFORMATION:**

Please list below any **diagnosed conditions/illnesses** you may suffer from.

Also if you have a **list of medications** you usually take **please declare here**, it would be useful to ***provide us with a copy of your repeat medication from your previous GP***.

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**MEDICATION DECLARATION**

**IF YOU ARE ON ANY OF THE MEDICATIONS LISTED BELOW PLEASE TICK AND INDICATE WHY YOU ARE TAKING THEM.**

|  |  |
| --- | --- |
| **MEDICATIONS** | **REASON** |
| **Co-Codamol / Codeine Phosphate** |  |
| **Co-Dydramol** |  |
| **Diazepam / Lorazepam / Nitrazepam / Temazepam / Zolpidem / Zopiclone** |  |
| **Dihydrocodine/ Co-dydramol** |  |
| **Fentanyl / Temagesic / Butrans Patches** |  |
| **Morphine** |  |
| **Pregabalin / Gabapentin** |  |
| **Tramadol** |  |

**I……………………………………………….. DO / DO NOT TAKE ANY OF THE ABOVE MEDICATIONS.**