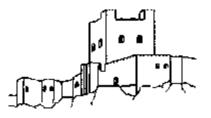


Your Initials:



## The Castle Practice

New Patient Registration Questionnaire

Please complete all sections of this form in their entirety

The completion of this form is essential for our records.

SECTION A - PERSONAL DETAILS:

(October 2023 Version)

**UNDER 18** 

PLACE OF BIRTH:

NAME:		DOB:			
		H&C No:			
ADDRESS		PREVIOUS ADDRESS			
HAVE YOU LIVED OUTSIDE OF THE	UK FOR		YES/NO		
ANY PERIOD OF TIME IN THE LAST	10 YEARS	? (Recept	ion - if Yes - I	Form HS22X needed)	
HOME TELEPHONE NO:		MOBILE NO:			
WORK NO:		EMAIL ADDRESS:			
PREVIOUS GP DETAILS: Name and Address		Have you registered with the Castle Practice Before? Yes/No			
		Have you ever beer	registered wi		
			riegistered wi	Yes/No	
		First Language:		100,110	
School/College Attending: Name and Address		Please list details of any person/persons living at the			
		registered home address, who IS NOT registered			
		with the Castle Practice			
		Name	DOB/Age	Relationship to Child	
ETHNIC ORIGIN - Please circle acco	ordinaly				
White Asian or Asian British	Mixed			Black or Black British	
British Indian	White and	l Black Caribbean	Caribbean		
Irish Pakistani	White and Black African		African		
Other Bangladeshi	White and Asian		Other		
Other	Other	Other			
Chinese or other Ethinc group Not State		d or Other			
Chinese					
Other					
SECTION B - HEALTH STATUS INF					

SMOKING STATUS - Have you ever smoked?	Yes/No
If Yes, are you a current smoker?	Yes/No
If Yes, how many do you smoke per day?	
If Yes, please see additional handout given	by receptionist.

Do you suffer from - Asthma Yes/No Heart Disease Yes/No Diabetes Yes/No Stroke Yes/No Epilepsy Yes/No COPD/Bronchitis Yes/No COPD/Bronchitis Yes/No High Blood Pressure Yes/No High Blood Pressure Yes/No Any other significant medical condition? Yes/No Any other significant medical condition? Yes/No Any other significant medical condition? Yes/No Epilepsy Start	Now Patient Projetratio							
SECTION C - MEDICAL HISTORY         Do you sulfer from -       Asthma       Yes/No         Heart Disease       Yes/No         Dilabetes       Yes/No         Stroke       Yes/No         COPD/Bronchitis       Yes/No         Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         row your previous GP surgery       Castle Practice participates in the Department of Health led Benzodiazepines Reduction and Opiodes Reduction programme.         Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health Not Constructing Heathcare and Emergency Staff from Violence", the Castle Practice is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.         Non-Physical Abuse; The use of inappropriate words or behaviour causing distress and/or constituting harassment. This includes receipt of abusive telephone calls from any source         Physical Abuse; The use of inappropriate words or behaviour causing distress and/or constituting harassment. This includes receipt of abusive telephone calls from any source         Physical Abuse; The use of inappropriate words or behaviour causing distress and/or constituting harassment. This includes receipt of abusive telephone calls from any source         VACCI	NIAW Dationt Dodictratio							
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Hear Disease       Yes/No         Diabetes       Yes/No         Stroke       Yes/No         Epliepsy       Yes/No         COPD/Bronchitis       Yes/No         Thyroid Problems       Yes/No         Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         Any other significant medical condition programme.       Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health Noticle         ZERO TOLERANCE - In line with the Department of Health, Social Services and Public Safety Circular         HSG (Gen) (3) 2007 - "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff         from Wiolence", the Castle Practice is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.         Non-Physical Abuse; The use of inappropriate words or behaviour causing distress a	SECTION C - MEDICAL HISTORY							
Diabetes       Yes/No         Stroke       Yes/No         COPD/Bronchtis       Yes/No         COPD/Bronchtis       Yes/No         Thyroid Problems       Yes/No         Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         Any other significant medical condition?       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         Tam your previous GP surgery       Tes/No         Castle Practice participates in the Department of Health led Benzodiazepines Reduction and Opiodes Reduction programme.       Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health Guidelines.         PLEASE TICK HERE TO CONFIRM YOU HAVE READ THIS NOTICE	Do you suffer from -	Asthma						
Stroke       Yes/No         Epllepsy       Yes/No         COPD/Bronchitis       Yes/No         Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         Any other significant medical condition?       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         from your previous GP surgery       Castle Practice participates in the Department of Health led Benzodiazepines Reduction         and Opiodes Reduction programme.       Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health NoTICE         PLEASE TICK HERE TO CONFIRM YOU HAVE READ THIS NOTICE								
Epilepsy       Yes/No         COPD/Bronchitis       Yes/No         Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         Castle Practice participates in the Department of Health led Benzodiazepines Reduction and Opiodes Reduction programme.       Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health Guidelines.         PLEASE TICK HERE TO CONFIRM YOU HAVE READ THIS NOTICE								
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Thyroid Problems       Yes/No         High Blood Pressure       Yes/No         Any other significant medical condition?       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       Yes/No         If you answered Yes to any of the above, please provide a list of your medication       The store         Please Provide Reduction programme.       Patients should be aware that prescriptions and medications will be reviewed in line with the Department of Health Social Services and Public Safety Circular         HSS (Gen) (3) 2007 - "Zero Tolerance on Abuse of Staff, Protecting Healthcare and Emergency Staff       from Violence", the Castle Practice is committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence.         Non-Physical Abuse; The use of inappropriate words or behaviour causing distress and/or constituting								
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