

Tamar Valley Health – additional information

Name: **Date of Birth:**

Address:

Telephone - Landline: **Mobile:**

Email address:

We can send appointment reminders and other important information to you via our text message service, please tick if you do NOT wish to use this free service

At your previous practice did you have a nominated pharmacy where you collected your medication Yes No If yes what was it called?

Do you or the patient you are registering have any communication / information needs relating to a disability or sensory loss and if so, what are they?
.....

The Department of Health has asked us to record the main language spoken and ethnic origin of all patients. This information will be added to your medical record. If you do not wish to provide this, please tick the 'information refused' box at the end of the list. Please note: if you do not fill in the form and return it to us we will assume that you do not wish to provide the information.

Ethnic Origin (Please tick the description which you feel is most appropriate)

White British		Asian or Asian British - Bangladeshi	
White Irish		Other Asian Background	
Other White Background		Black or Black British - Caribbean	
Mixed - White & Black Caribbean		Black or Black British – African	
Mixed - White and Black African		Other black background	
Mixed - White and Asian		Chinese	
Other Mixed Background		Other Ethnic Background	
Asian or Asian British - Indian		Information Refused	
Asian or Asian British - Pakistani			

Language Spoken (Please specify or tick 'information refused')

_____ Information Refused

SMOKING

The practice has been set the target of finding out how many of our patients (aged 14 and older) are smokers and providing those that do with advice about how to stop. Please help us to meet this annual government target by ticking the boxes that apply to you:-

I have never smoked	
I used to smoke but have stopped	
I smoke (also tick one below)	
<i>And I would like cessation advice</i>	
<i>I do not want smoking cessation advice</i>	

NEXT OF KIN DETAILS:

Name: _____ Telephone Number: _____

Office use only

Details of photo ID seen Details of address ID seen.....

Registration of a baby – Parents name and D.O.B

Receptionist: Please initial to confirm Form is complete and correct