

THE JENNER PRACTICE

POD FORM

Registration Check List

Please tick when completed

Please fill in the rest of the form – if you need any help please ask at reception and a member of staff will be happy to help you.

Please note the surgery pod should not be used by patients under the age of 16.

THIS SECTION IS FOR OFFICE USE ONLY

Surname & Forename

Date of Birth

NHS number

Place of Birth

Current Address & Previous Address

Date entered the UK

Previous Doctor

Signature at the bottom of the form

Proof of address utility bill/tenancy agreement/council tax (within the last 3 months)

Completed NHS Organ donor Form

Has the patient been registered before?

The Jenner Practice
201 Stanstead Road, Forest Hill, London SE23 1HU
Tel 0203 049 2960 Fax 0203 049 2961

Mr Mrs Miss Ms Other Please specify

Date of birth

Surname

NHS Number

First names

Male Female

Previous surname

Home address

Town and country of birth

Post code

Home phone number:

Email address:

Mobile phone number.....

Please help us trace your previous medical records by providing the following information

Your previous address in the UK

Name of previous doctor while at this address

Address of previous doctor

If you are from abroad

Your first UK address where registered with a gp

If previously resident in the UL, date of leaving

Date you first came to live in the UK

If you are returning from the armed forces

Enlistment date

Address before enlisting

Service or personnel no.

Signature of patient

Date

Signature on behalf of patient

Relationship status

Single

Divorced/Separated

Married

Civil Partnership

Widowed

Co-habiting

If you are living at the same address as another Jenner patient please state their full name and date of birth:

Name and contact number of next of kin

I would like to join the NHS blood donor register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming my agreement to inclusion on the NHS blood donor register

Date.....

NHS organ donation

I want to register my details on the NHS organ donor register as someone whose organs/ tissues may be used for transplantation after my death. Please tick all that apply

Any of my organs or tissue or

Kidneys Heart Liver Corneas Lungs Pancreas

Signature confirming my agreement to organ/ tissue donation

Date

Carer's

Do you have, or need, anyone who looks after you or your daily needs as a Carer? Yes / No

If "Yes", would you like them to deal with your health affairs here? Yes / No
(the receptionist can help with these arrangements)

Are you a Carer? Yes / No

If "Yes", ask the receptionist about Carers support

Read Codes

Is a carer #918G
Has a carer #918F Carer referred for assessment #3892

The Jenner Practice

Alcohol Audit C

Name

For the following questions please tick the answer which best applies:			1 drink = ½ pint of beer or 1 glass of wine or 1 single measure of spirits		
	0	1	2	3	4
1. How often have you had a drink containing alcohol in the past year?	Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times a week
2. How many drinks did you have on a typical day when you were drinking in the past year?	1 or 2	3 or 4	5 or 6	7 or 9	10+
3. How often did you have six or more drinks on one occasion in the past year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No, never		Yes, but not in the last year		Yes, during the last year
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No, never		Yes, but not in the last year		Yes, during the last year
For office use only. Use read code #388u					
Total for each column					
		Total			

Patient Ethnicity Questionnaire

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E.

A White

#9i00 British

#9i1 Irish

#9i2 Any other white background please write below

B Mixed

#9i3 White and Black Caribbean

#9i4 White and Black African

#9i5 White and Asian

#9i6 Any other mixed background please write below

C Asian or Asian British

#9i7 Indian

#9i8 Pakistani

#9i9 Bangladeshi

#9iAA Any other Asian background please write below

D Black or Black British

#9iB Caribbean

#9iC African

#9iG Any other black background please write below

E Chinese or other ethnic group

#9iE Chinese

#9iFK Any other please write below