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| --- | --- | --- |
| Dr Venkata Suresh Babu Vitta -PartnerDr Padma Babburi - PartnerDr Sudha Sanathi – AssociateDr Prem Lata Jairamani - Associate |  |  **Selden Medical Centre** 6 Selden Road  Worthing BN11 2LL Tel: 01903 234962  |

**Registration Forms for Selden Medical Centre**

Before returning the forms to us, please check that **ALL** sections have been completed and are correct. We will not register you without all the required information. Evidence of residency is required for the owners/tenants of the property; this could be in the form of a utility bill, council tax bill or tenancy agreement dated within the **last 3 months**.

For anyone over the age of 16, we require a smoking status, alcohol consumption and height, weight and blood pressure. If you do not have the facility to find out this information at home, please contact the surgery and we will advise you when you can come into the surgery and use the equipment here. Please ensure you bring your registration form with you. Thank you.

………………………………………………………………………………………………………………………..

**Please keep this page for your information**

Surgery opening times

|  |  |
| --- | --- |
| Monday | 8:00am – 6:30pm |
| Tuesday | 8:00am – 6:30pm |
| Wednesday | 8:00am – 6:30pm |
| Thursday | 8:00am – 6:30pm |
| Friday | 8:00am – 6:30pm |
| Saturday | CLOSED |
| SundayWebsite:www.seldenmedicalcentre.nhs.ukEmail address:sxicb-wsx.smcinfo@nhs.netPhone number:(01903) 234962Please note: prescription requests must be in writing; email or via the NHS app. **We do not accept prescription requests over the phone.** | CLOSED |

Selden Medical Centre

For reception - Type of ID:

Catchment area postcode checked: Sign:

New Patient Questionnaire

UNDER 16s

Please complete this form so we have some useful information about you before your old notes arrive and so that we can offer you services to help maintain your health.

Please show proof of name and address

**ABOUT YOU:**

Title…………Full Name………………………………Previous Name……………………………….

Do you have a preferred name?…………………………………………………………………….

Date of Birth: …....../…….. /.........

Gender: Male Female Other…………………………

Religious affiliation: ……………………………………………………………

Nationality: ………………………………………………………………………

Main Spoken Language ………………………………………………………

Do you require the help of a Translator/Interpreter? YES / NO

**CONTACT INFORMATION**

Home telephone………………………………………………………..

Mobile telephone..……………………………………………………..

**ETHNICITY** :……………………………………

**Having information about patient’s ethnic groups is helpful to the NHS so that it can plan and provide culturally appropriate and better services to meet patient’s needs. (This information is voluntary)**

Main Spoken Language ………………………………………………………

Do you require the help of a Translator/Interpreter? YES / NO

**Next of Kin**

Name……………………………………………………………………………

Telephone number………………………………….…………….....................................

Relationship to you…………………………………………………………………………………

**SERVICE FAMILIES AND MILITARY VETERANS**

I AM under 18 and my parent(s) are serving member(s) of the armed forces I AM under 18 and my parent(s) are Veteran(s) of the armed forces

**REACTIONS TO DRUGS AND ALLERGIES**

Have you had a reaction to any medication, or do you suffer from any allergies?

**If so please give details**

....................................................................................................................................................

What is your **height**? ……………………….. What is your **weight**? …………………………

**HEALTH CONDITIONS**

Have you ever been **diagnosed** with any of the following conditions? (Please tick)

 Diabetes  Thyroid disease  Stroke or transient ischaemic attack

 Cancer (please specify) …………….

 High blood pressure

 Heart disease

 Learning disability

Are you **taking medication** for any of the following?

 Asthma

 Mental illness  Epilepsy  Other long term chest problem

Are you taking any **other prescribed medication**?  Yes No If you have any other **health conditions** please give details:

**SPECIFIC NEEDS:**

Do you have any sensory needs (i.e. Speech / Sight / Hearing)

Please state any physical disabilities you have:……………………………………………………..

Please state any mental disabilities you have:……………………………………………………….

Do you have any religious or cultural needs?...............................................................................

**IMMUNISATION HISTORY**

Have you had all your routine vaccinations: YES/NO

Did you get your routine vaccinations in the UK? YES/NO

If you did not receive your vaccinations in the UK, please provide us with proof of vaccinations.

Do you attend any of the following:

School YES/NO

Nursery YES/NO

Home school YES/NO

None of the above YES/NO

Did you get your routine vaccinations in the UK? YES/NO

If you did not receive your vaccinations in the UK, please provide us with proof of vaccinations.

Are any of the following involved in your care:

Hospital specialist YES/NO

Health worker YES/NO

Social worker YES/NO

None of the above YES/NO

Did you get your routine vaccinations in the UK? YES/NO

If you did not receive your vaccinations in the UK, please provide us with proof of vaccinations.

**CURRENT MEDICATIONS**

Are you taking any repeat prescribed medication? Please give details:

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**NHS ELECTRONIC PRESCRIPTION SERVICE**

The electronic prescription service (EPS) is a free NHS service which allows GP surgeries to send your prescriptions to your chosen pharmacy via a secure, electronic connection. Please tick if you consent to have your prescriptions sent to your nominated pharmacy.

 Yes I consent

No I don’t consent

**YOUR CHOSEN PHARMACY**

Please indicate the pharmacy for your prescriptions to be sent to (this can be any pharmacy, no matter how far away they are from the practice as long as the name and postcode are stated).

Worthing Pharmacy

East Worthing Pharmacy

Boots Montague Street

 Boots Lyons Farm

Other (please state name and postcode) ……………………………………………………………………………………………………………

If you are unsure which pharmacy you would like to use, please visit

**www.nhs.uk/service-search/pharmacy/find-a-pharmacy**

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