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**NEW PATIENT REGISTRATION FORM**  
**(COMPLETE CLEARLY, IN FULL & IN BLOCK CAPITALS)**

Welcome to Heilendi Practice.

It often takes several weeks for your records to reach us from your previous doctor. Answering these questions will help us during this time. The information will be handled confidentially but if you are concerned about any of these questions then leave them blank.

**After completion the questionnaire should be returned to the receptionist.**

**YOUR DETAILS**

Surname:		Date of Birth:	
Forename(s):		Gender:	Male / Female
Address:			
Postcode:		Telephone Numbers:	(home)
Email:			(work)
			(mobile)
Occupation:			
Emergency contact name:			
Emergency contact relationship:			
Emergency contact number:			

**Your Medical Details**

**Physical**

What is your **height** (ft / cm)?   
 What is your **weight** (st / kg)?

Do you smoke?

- I have never smoked
- I smoke .....Per day
- I stopped smoking.....(Please enter date)

**If you are a current smoker, we strongly advise you to book an appointment for smoking cessation with one of the doctors.**

Do you suffer have you suffered in the past from any of the following?

Condition	Me	A relative (state relationship and their age at time)
Asthma		
Angina		
Heart Attack		
High Blood Pressure		
Diabetes		
Glaucoma		
Epilepsy		
Chronic Lung Disease		
Coronary/Ischaemic Heart Disease		
High Cholesterol		
Hypothyroidism		
Cancer		
Mental Illness		
Stroke/TIA (stroke lasting less than 24hrs)		
Epilepsy		
Bronchitis/Pneumonia		
Please list any other known conditions:		

Have you ever had any medical problems/illnesses that you have to see your doctor regularly about? Give details please.	Dates

Have you ever been in hospital for anything? Please state what for.	Dates

**Medications**

Please list all medicines you use regularly.

Name	Dose per day

**Drug Allergy**

Are you allergic to any medications or other substances (pollen, nuts, etc.)?

**Exercise**

How often do you exercise for at least 20 minutes at a time?

What type of exercise is it?

Do you eat a balanced diet?

**Preferred Chemist**

Please **tick** which chemist you would prefer to collect your medication from:

- BOOTS
- SUTHERLANDS
- COLLECT

- You can collect your prescription from Heilendi Practice and take it to the chemist yourself.

Please allow **4** working days from ordering your medication to collecting it from your preferred chemist, or **2** working days if you wish to collect your script from Heilendi.

**Alcohol**

Using the guide, please complete the questions below; try to be as honest as possible.



How many units do you drink on an average week? \_\_\_\_\_

Please complete the following questions below and add up your score at the end \_\_\_\_\_ please be as honest as possible.

	Scoring Systems					Your Score
	0	1	2	3	4	
How often do you have 8 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often in the last year have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative, friend, doctor or other health worker been concerned about your drinking, or suggested you should cut down?	No	X	Yes, but not in the last year	X	Yes, in the last year	



**Carers Responsibilities (unpaid)**

Do you look after someone? (please give details below of who you care for and what the care you provide)

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Does Someone look after you? (please give details below of what your care needs are and who provides them)

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**Female Section ONLY**

How many times have you been pregnant?	
How many deliveries have you had?	
Type (eg Normal / Caesarean)	
If premature, how many weeks?	
Any problems? (eg raised blood pressure)	

What method of contraception are you currently using?
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What was the date of your last smear?	
What was the result?	

Thank you for taking the time to complete this form. Please return it to the receptionist.

As a new patient to Heilendi Practice you will need to attend a New Patient appointment which the receptionist will organise for you.

If you are currently on Medication then an appointment will be with a doctor to review your medication and set up your repeat prescriptions. No repeat Prescriptions can be issued before this appointment.

If you are not on regular medication then an appointment with the Health Care Assistant will be made to review your information.