

LION HEALTH New Patient Registration

Please complete the following questionnaire as completely as possible.

All new patients are able to have a new patient check within 6 months of registration if required.

ABOUT YOU

Height: cm

Do you take any repeat medication? Yes No

If yes, please enclose a list of your repeat medication

Weight: kg

Any Notable Allergies:

Are you a carer*? Yes No

If yes, please give details of the person you care for:

Name

Relationship to you

Name of your Next of Kin Relationship to you:

Their Contact Telephone number

Have you recently left the Armed Forces? Yes / No.

Due to confidentiality we cannot disclose any information to anyone about your medical record or care without your permission. If you wish for other people to be involved in your medical care, please tick here.

Your ethnicity:

A. White B. Mixed C. Asian or Asian British D. Black or Black British E. Chinese

British White and Black Caribbean Indian Caribbean Chinese

Irish White and Black African Pakistani African

White and Asian Bangladeshi

Other

Not Stated

Please indicate your first spoken language

Do you have any specific communication needs/requirements? Yes No

If YES, please give brief details.....

(This information will purely be used by the practice in relation to appointments, or practice initiatives with regard to specific conditions)

CONTACTING YOU

I agree to Lion Health contacting me by:



Text Messaging: Yes No Mobile Number:



Email: Yes No Email Address:

For frequently asked questions and further information about the practice, please visit:

www.lion-health.co.uk



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ABOUT YOUR HEALTH

Smoking Status: Never Smoked
 Ex-Smoker
 Current Smoker

Exercise Level: Low (less than 2 hours per week)
 Moderate (2-4 hours per week)
 High (5 + hours per week)

Alcohol Status: units per week

AUDIT – C (Fill in the following table)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates increasing or higher risk drinking. You can find more information and support at www.drinkaware.co.uk. Do you wish to discuss this or seek further advice? Yes No

Have you been diagnosed with any of the following?

- Asthma
- Hypertension (High BP)
- Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Ongoing Mental Health. (Not including depression)
- Other
- Diabetes
- Atrial Fibrillation (AF)
- Chronic Kidney Disease (CKD)

If you have none of these, you may be eligible for a free health check. Would you like to be contacted for a health review?

Yes No

Is your treatment for any of the above managed by a consultant at the hospital? Yes No

If Yes, which consultant and at which hospital?

If you have any of the above long term conditions you will be called for a routine annual review with our team to holistically monitor and manage your condition along with any associated medication. You will receive this appointment information in the post within 3 months of registration.

The 'Summary Care Record' allows your information to be made available faster to out-of-hours/emergency services should it ever be needed. For more information see

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/overview.aspx>

I wish to **OPT IN** and make my Summary Care Record visible to secondary care:

I wish to **OPT OUT** of the Summary Care Record:

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