

Dr D J Warden and Partners incorporating:

Collington Surgery

23 Terminus Road
Bexhill-on-Sea
East Sussex
TN39 3LR

Tel: 01424 320222

Email: sxicb-esx.collington@nhs.net

Ninfield Surgery

High Street
Ninfield
East Sussex
TN33 9JP

Tel 01424 892569

Email: sxicb-esx.ninfield@nhs.net

Pebsham Surgery

119 Seabourne Road
Bexhill-on-Sea
East Sussex
TN40 2SD

Tel: 01424 320222

Email: sxicb-esx.collington@nhs.net

Sea Road Surgery

39/41 Sea Road
Bexhill-on-Sea
East Sussex
TN40 1JJ

NEW PATIENT QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Telephone No: _____ Mobile No: _____

Work No: _____ Email Address: _____

Marital Status: _____

Have you ever served in the Armed Forces: Yes/No

Please specify: _____

ETHNIC ORIGIN:

Please tick one of the boxes. This information is important because of the need to take into account culture, religion and language in providing appropriate health care to all patients, however if you do not wish to state your ethnic origin please state here:- _____

White – Scottish / English / Welsh / Northern Irish / British		Asian or Asian British - Indian	
White – Irish		Asian or Asian British – Pakistani	
Gypsy / Traveller		Asian or Asian British – Bangladeshi	
Any other White Background		Chinese	
White & Black Caribbean		Any other Asian Background	
White & Black African		Black African	
White & Asian		Black Caribbean	
Any other Mixed / Multiple Ethnic Background		Black British	
Arab		Any other Ethnic Group <i>please describe</i>	

Please confirm your 1st spoken language _____

If English is not your 1st language, do you require an interpreter? Yes/No

Dr David J Warden(P); Dr Stephen French(P); Dr Suneeta Kochhar(P); Dr Debbie Gooderick(P); Dr Iche Mangiri(P).

Associate GPs: Dr Preye Mangiri; Dr Elizabeth Pronger.

Next of Kin: _____

Relationship: _____

Telephone No: _____

Address: _____

_____ **Post Code:** _____

IMPORTANT: DO YOU GIVE PERMISSION FOR YOUR NEXT OF KIN TO DISCUSS YOUR MEDICAL NEEDS:

YES/NO

CONSENT TO SUMMARY CARE RECORD:-

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past.

Additional Information will include illnesses/health problems, operations and vaccines. How you would like to be treated/supported and who to contact for more information about you.

Do you consent to your Summary Care Record being shared with the Ambulance Service / Out of Hours Service / Community Nurses etc, so that all services will know of your medical problems and can provide you with the best care at all times?

Summary Care Record: Yes/No

Additional Information: Yes/No

CONSENT FOR THE SURGERY TO CONTACT YOU VIA TEXT MESSAGE/EMAIL:- Do you consent for us to contact you via text messaging and/or email?

**SMS Notification Consent: Yes/No
(MJOG APP / ACCURX)**

Email Notification Consent: Yes/No

Carers: If you are a Carer and would like to be identified as such, please complete this section.

Are you a Carer? Yes / No

If 'Yes' please complete a Carer form – available from reception.

Online Registration

We now offer all registered patients the opportunity to book or cancel appointments online as well as request repeat prescriptions and change your contact details. Patients moving outside the catchment area will be requested to find a GP surgery closer to you. If you are interested in registering for our online service, please speak to a receptionist.

N.B. Booking appointments online is not available for patients under 16 years of age.

Thank you for your help. If you have any other questions please speak to a member of staff or ask to speak to the Practice Manager.

Patients are allocated a named accountable GP, however you are able to make an appointment with any GP of your choice, please ask the Receptionist when making your appointment.

Signed _____ Date _____

Dr David J Warden(P); Dr Debbie Gooderick(P); Dr Iche Mangiri(P); Dr Stephen French(P); Dr Suneeta Kochhar(P).

Dr Preye Mangiri; Dr Elizabeth Pronger