Vine
Medical Group

Easy Read

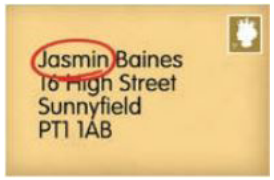
Register as a patient

You need to **register with us** to receive your medical care.

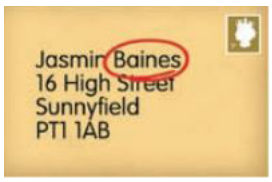
Please complete this form and then hand in to reception at Vine Medical Group.

Vine Medical Group, Forest End Site, Forest End, Waterlooville, Hampshire, PO7 7AH
Email: hiowicb-hsi.vinemedicalgroup@nhs.net • Website: www.vinemedicalgroup.co.uk

Your name and address

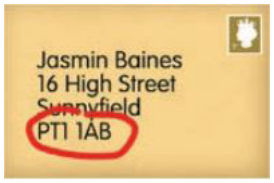


Your first names



Your surname

Your address



Your postcode

Your home telephone number

Your mobile telephone number

Married or single?

- [ ] I am married
- [ ] I have a partner (not married)
- [ ] I am single

Your sexuality

- [ ] Straight / Heterosexual
- [ ] Gay / Lesbian
- [ ] Bisexual
- [ ] Other
- [ ] I would rather not say
- [ ] I am not sure

Were you born in the UK?

☐ Yes ☐ No

If you were not born in the UK,
what country were you born?

What is your main spoken language?

Other languages you speak, if any?

Do you need an interpreter to help you with your first language?

☐ Yes ☐ No

Your ethnicity (where your family is from)

- [ ] White or White British
- [ ] Asian or Asian British
- [ ] Black, Black British, Caribbean or African
- [ ] Mixed or multiple ethnic groups
- [ ] Other

If other, please write it here

Name and address of your last GP

Do you have a disability?

- [ ] I have a learning disability
- [ ] I have a physical disability
- [ ] Other
- [ ] I do not have a disability
- [ ] I would rather not say

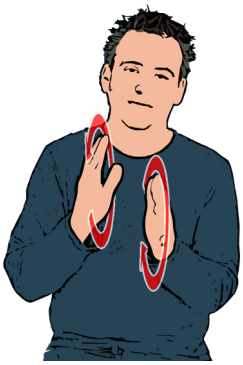
Do you need reasonable adjustments?

- [ ] Longer appointment
- [ ] Easy Read
- [ ] Support from my parents / carers
- [ ] Other

If other, please write it here

Do you have communication needs?

☐ Yes ☐ No



If yes, how to do you communicate?

☐ I lip read

☐ British Sign Language (BSL)

☐ Makaton

☐ Other

If other, please write it here

Do you attend the following?

- [ ] School
- [ ] College
- [ ] University

What is the name of your school, college or university?

Do you have a job or volunteer?

- [ ] I work
- [ ] I volunteer
- [ ] No

If yes, where do you work or volunteer?

Do you require support?
If so, please complete the below:

Name of your parent(s)

Contact details of your parent(s)

Your parent(s) telephone number

For your parent(s) to sign

I give consent for my details to be held, as a parent, by Vine Medical Group.

☐ Yes ☐ No

Date / /

Signed

Do you have a carer?
If so, please complete the below:

Name of your carer(s)

Your carer(s) telephone number

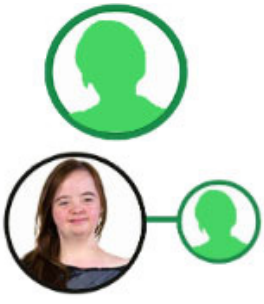
Would you like your carer(s) to deal with health matters at Vine Medical Group?

☐ Yes ☐ No

For your carer(s) to sign

I give consent for my details to be held, as a carer, by Vine Medical Group.

☐ Yes ☐ No Date / / Signed



Are you a carer for anyone else?

☐ Yes ☐ No

If yes, someone from the surgery will talk to you about this.

Your Next of Kin

Your next of kin is usually your closest family member or someone you trust.

Name of your next of kin

Contact details of your next of kin

Their relationship to you

Your diet and lifestyle

Do you smoke?

- ☐ Yes
- ☐ No
- ☐ Sometimes
- ☐ I used to smoke but stopped

Do people ever smoke around you?

- ☐ Yes
- ☐ No

Do you drink alcohol?

- ☐ Yes
- ☐ No

How much do you weigh?

kg

Stone

Pounds

How tall are you?

cm

Feet

Inches

Please continue on the next page.

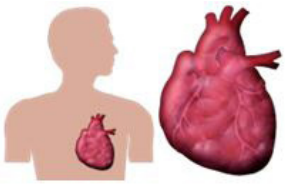
Your medical history

Are you allergic to anything?

☐ Yes

☐ No

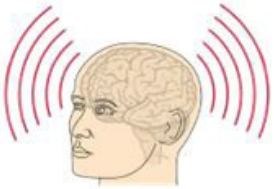
If yes, please give details here:



Do you have or have you had heart disease (heart attacks, angina)?

☐ Yes

☐ No



Do you have or have you had a stroke?

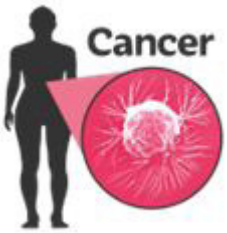
- [ ] Yes
- [ ] No

Do you have asthma?

- [ ] Yes
- [ ] No

Do you have diabetes?

- [ ] Yes
- [ ] No



Do you have cancer?

- [ ] Yes
- [ ] No

Please tell us about any other health issues you may have.

Where would you like to collect your prescriptions from?

Please continue on the next page.

Please sign and date this form

Signed by patient

Signed by carer (if applicable)

Date

Thank you for completing this form.

We will read this and contact you to arrange a health check.

If you have any questions about this form or a health check, please contact us on:

023 9226 3089