

NEW PATIENT REGISTRATION QUESTIONAIRE

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| --- | --- | --- |
| **Person information** |  | |
| Name |  | |
| Address |  | |
| Date of birth |  | |
| Home telephone number |  | |
| Mobile number |  | |
| Email address |  | |
| Sex |  | |
| Ethnicity |  | |
| Main spoken language |  | |
| Occupation |  | |
| Previous surgery |  | |
| **Communication** |  | |
| Do you wish to be set up for online prescriptions? | Yes No | |
| Do you want us to communication via text messages? | Yes No | |
| Nominated pharmacy |  | |
| **Your health** |  | |
| If you have any chronic diseases or are on repeat medication would you like an appointment with the nurse for a new patient check? | Yes No  If yes when is the best time for this check, morning or afternoon?. | |
| Do you have any sensory loss? |  | |
| If so, how would you like us to communicate with you? |  | |
| Are you on any regular medication? – If so please provide a copy of the medication list with this form. |  | |
| If you have regular medication, when will you require your next prescription? |  | |
| Height and weight |  | |
| Smoking history | Current smoker – if so how many per day  Ex-smoker  Never smoked | |
| If you are a smoker, would you like to be referred to Stop smoking Wales? | Yes No | |
| Are you a veteran or a serving member of the services? | Yes No | |
| **Other information** |  | |
| Are you a carer? | Yes No | |
| If so, who for ? |  | |
| Do you have or require any support for Avow? |  | |
| Caritas Surgery is part of a primary care cluster, our job is to ensure that the health and social care needs of all our patients are met. Our GO’s will work alongside Paramedics, Pharmacists and other health care professionals who will be able to access your GP information for a quicker, easier access to the relevant information about you condition you are presenting to them. | |
| Print name  Signature | |



HOLIADUR COFRESTRU CLEIFION NEWYDD

|  |  |  |
| --- | --- | --- |
| **Manylion personol** |  | |
| Enw |  | |
| Cyfeiriad |  | |
| Dyddiad geni |  | |
| Rhif ffôn cartref |  | |
| Rhif ffôn symudol |  | |
| Cyfeiriad e-bost |  | |
| Rhyw |  | |
| Ethnigrwydd |  | |
| Prif iaith lafar |  | |
| Galwedigaeth |  | |
| Meddygfa flaenorol |  | |
| **Dull o Gyfathrebu** |  | |
| Ydych chi eisiau cael presgripsiynau ar-lein? | Ydw Nac ydw | |
| Ydych chi eisiau derbyn negeseuon testun gennym? | Ydw Nac ydw | |
| Fferyllfa enwebedig |  | |
| **Eich iechyd** |  | |
| Os oes gennych unrhyw afiechydon cronig neu os ydych yn cael meddyginiaeth reolaidd, a hoffech chi gael apwyntiad gyda'r nyrs i gael archwiliad claf newydd? | Ie Na    Os hoffech apwyntiad, pryd yw'r amser gorau ar gyfer yr archwiliad hwnnw – yn y bore yntau’r prynhawn?. | |
| A oes gennych nam ar un o’ch synhwyrau ? |  | |
| Os felly, sut hoffech chi inni gyfathrebu â chi? |  | |
| Ydych chi yn cymryd unrhyw feddyginiaeth rheolaidd?  Os felly, rhowch gopi o'ch rhestr feddyginiaeth gyda'r ffurflen hon. |  | |
| Os oes gennych feddyginiaeth reolaidd, pryd fydd angen eich presgripsiwn nesaf arnoch chi? |  | |
| Uchder a phwysau |  | |
| Hanes smocio | Yn smocio ar hyn o bryd - os felly faint y dydd  Wedi rhoi fyny smocio  Nid wyf erioed wedi smocio | |
| Os ydych chi’n ysmygu, hoffech chi gael eich cyfeirio at Rhoi’r Gorau i Ysmygu Cymru? | Ie Na | |
| Ydych chi'n gyn-filwr neu'n aelod presennol o’r fyddin? | Ydw Nac ydw | |
| **Gwybodaeth arall** |  | |
| Ydych chi'n ofalwr (carer)? | Ydw Nac ydw | |
| Os felly, ar gyfer pwy? |  | |
| Ydych chi’n cael cymorth neu angen unrhyw gefnogaeth gan Avow? |  | |
| Mae Meddygfa Caritas yn rhan o glwstwr gofal sylfaenol (primary care cluster) a’n gwaith yw sicrhau fod anghenion iechyd a gofal cymdeithasol ein holl gleifion yn cael eu diwallu. Bydd ein Meddygon Teulu’n gweithio ochr yn ochr â Pharafeddygon, Fferyllwyr a gweithwyr gofal iechyd proffesiynol eraill a fydd yn gallu cael gweld eich manylion Meddyg Teulu i gael mynediad cyflymach a haws i'r wybodaeth berthnasol am unrhyw gyflwr yr ydych chi'n cael eich gweld amdano. | |  |
| Enw mewn print bras    Llofnod | |  |