



Sanday Surgery Tel: 01857600221
Sanday
Orkney
KW17 2BW

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New Patient Registration

Welcome to Sanday Surgery

Name	Is there another name you prefer?
Address	Date of Birth / /
Tel No. Home: Mobile:	Next of Kin
Occupation	Next of kin telephone no. Home: Mobile:

Have you been registered at this Practice before?

Yes/No



Are you Housebound? Yes/no

Previous medical problems

Do you have any of the following?  **[FOR RECALL]**

- | | | | | | |
|-------------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| Heart Attack/Angina | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| COPD/Chronic Bronchitis | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Schizophrenia | <input type="checkbox"/> |
| Kidney Disease | <input type="checkbox"/> | Bipolar illness | <input type="checkbox"/> | Cancer | <input type="checkbox"/> |
| High Blood pressure | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Thyroid Trouble | <input type="checkbox"/> |

Names and dates of any other significant disease or operation ?

Which describes you best?

- A smoker
- An ex smoker
- Never smoked

Alcohol intake per week:

Date of last smear:

Drug -strength and how often [Review]

Have a brother, sister or parent had?

- Angina/heart attack under 60
- Diabetes
- Bowel, Ovary or Breast Cancer

[ **[Rx review]**  Height  weight  BP  Definite allergy :

To GP:

Please code any items marked: 

- Enter any medication into *Therapy* screen
- Add first **medication review** for 1 year
- Add **BP**[adults], **ht and weight** from *Front Page*
- Add any definite allergy
- Add ' *New patient screen* ' Read code priority 1[enter in General History] with any key info needed till notes arrive.

Hand form to Tina/Caitrian for coding of page 1 recall markers and to scan to *Docman*.