

WEM & PREES MEDICAL PRACTICE

New Street, Wem, Shropshire, SY4 5AF - 01939 232424
Whitchurch Road, Prees, Whitchurch, Shropshire, SY13 2DG - 01948 840206

Practices are required to allocate a named, accountable GP to all patients, including children. Please be assured all patients registered at our practice are allocated a named GP. Your named, accountable GP has been circled below.

Please be aware that this does not affect your ability to make an appointment with any of the GPs in the practice of your choosing.

**Dr P M Beresford * Dr R E Oldroyd
Dr C R Rogers * Dr E Blunsum * Dr E Smart * Dr M Philpott * Dr A King * Dr S Johnson**

Name..... **D.O.B.**.....

Next of Kin.....

Ethnicity – British/mixed British etc (please state).....

First Language..... (eg English, Polish etc)

Do you require an interpreter.....

Have you ever been diagnosed to have any of the following:

Diabetes –	Hypertension –
Respiratory (including Asthma & COPD) –	Chronic Heart Disease – Other –

Current Medication (please list any regular medication below)

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.....
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Allergies

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Do you Smoke **Never Smoked**

Ex-Smoker

If you are considering stopping smoking and would like Help to Quit please record the details of our local Help2Quit services –

Healthy Shropshire – 0345 678 9025
Rowlands Pharmacy, Wem – 01939 232361
Whitchurch Civic Centre – 01743 454910

Alcohol

	0	1	2	3	4	Your Score
How often do you drink alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units do you consume 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 on a single occasion when consuming alcohol in the past year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

1 Pint = 2 units Alcopop/Can Lager = 1.5 units Glass Wine (175ml) = 2 units
 Singles measure spirits = 1 unit Bottle Wine = 9 units

Height **Weight**.....

Carer

Are you a carer..... Do you have a carer.....

Name of carer/agency.....

Summary Care Record consent (SCR booklet available on request)

Signed.....

Print..... **Date**

Upon completion of this questionnaire please book a new patient health check with a practice nurse via the reception team

Did you know you can make appointments, request repeat prescriptions and gain access to your summary care record online? Please speak to a member of the reception team for further details.

All information provided within this form is handled confidentially.

Please note if you register a mobile number with the practice this will be used to send you appointment reminders. You can OPT OUT of this service by informing a member of reception.

We value all patient feedback and would like to text you after an appointment with our friends and family test. This consists of 1 question and your reply will be used to help us identify any changes or updates we may need to make to the services we offer.

Please tick this box to OPT IN and start receiving this text