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New Patient Questionnaire- Nursing/Residential Home

<u>Personal Details</u>			
Surname:			
Forename(s):			
Date of Birth:			
Address:			
Post Code:		Telephone No:	
Mobile No:		Ethnic Origin:	
Is the patient housebound? Yes <input type="checkbox"/> No <input type="checkbox"/>		CPR status?	
What is their mobility status?			
Does the patient have any communication needs we should be aware of?			
Does the patient consent to sharing their Summary Records? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>Patient NOK</u>			
Name:			
Relationship:			
Contact number:			
Other Key contacts:			
Has the patient consented to share medical information with their NOK? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>Illness, Drugs and Treatment</u>			
Please nominate a pharmacy, for prescriptions to be sent to:			

Please include a list of regular medications (can be attached separately):

Please give details of any important illnesses or operations had. Please include any dates:

Does the patient have any allergies? Yes No

If Yes, please tell us about the allergy/allergies:

Is there any other relevant information we should know?

Please return this questionnaire alongside the registration form via reception or fax.

We will then be able to update the medication & arrange a new patient check.

Thank you.