



Ashgrove Surgery will periodically contact the University to confirm your enrolment status and remove you from their list when you are no longer enrolled. If you intend to remain within the Practice area please inform the Practice prior to the completion of your studies. For matters relating to your health and wellbeing, the Surgery may occasionally have to email you using your University email address.  
**Student ID number:-**

.....@students.southwales.ac.uk

New Patient Health Profile

Today's Date: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Nos: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

We may contact you by automated telephone call, text message or email, for example, to remind you of your appointment, to invite you to clinic or for review, or to update your records. If we contact you in this way we will always take every precaution possible to maintain confidentiality.

Tick the box if you **DO NOT** want us to contact you via automated message in this way.

*Please remember if your number or email changes or you sell / give your phone to someone else that you must notify us.*

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**Family History** – Please tell us if a member of your family has, or has died of, any of the following conditions:

	High Blood Pressure	Asthma	Diabetes	Fits or Epilepsy	Cancer	Stroke	Heart attack/angina under the age of 60	Heart attack/angina over the age of 60	Or any other illness you consider significant
Mother									
Father									
Grandmother									
Grandfather									
Brother/Sister									

Your occupation: \_\_\_\_\_

**Allergies:** Please tell us about any allergies or intolerances you may have (drug or non-drug).

\_\_\_\_\_

**Alcohol:** Please tell us how much alcohol you drink, on average, **each week**.

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**Smoking:** I am a non-smoker  I am a smoker

If you smoke, please tell us how much you smoke each day:

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Weight: \_\_\_\_\_ Height: \_\_\_\_\_

If you do not know your weight/height, please advise the receptionist.

Please tell us about any past operations / major illnesses / significant medical conditions:

Are you receiving any treatment or investigations underway at present?

Current medication:

***NB If you have a 'repeat prescription' please book an appointment with a GP in order to get your medication prepared in readiness for when your script becomes due. Please do this at least two weeks before your medication runs out.***

Patients with sensory loss, where written communication is required, please advise which format is appropriate for you:

*Reception: Please yellow flag*

Please tell us your ethnic origin: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Thank you.

*For office use only:-*

- Reminded to book appt for Repeat Meds
- GMS1 Completed
- MHOL registration form completed
- Smoking Cessation Card issued (if applicable)
- Practice Leaflet issued
- Booking Appointments flyer issued (if applicable)