

# TAMAR VALLEY HEALTH

(L82012)

## Callington Health Centre

Haye Road, Callington

Cornwall PL17 7AW

Tel: (01579) 382666

Fax: (01579) 383345

## Gunnislake Health Centre

The Orchard, Gunnislake

Cornwall PL18 9JZ

Tel: (01822) 832641

Fax: (01822) 833757

[www.tamarvalleyhealth.org.uk](http://www.tamarvalleyhealth.org.uk)

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Dear Patient

Welcome to Tamar Valley Health.

In order to reduce patient registration fraud please provide identification for anyone over the age of 18 years old upon registering: One form of picture ID (e.g. photocard style driving licence or passport, PLUS one other form of ID with a current home address on. This can be a utility bill or something similar.

On registering with the Practice, the Doctors require all patients 5 years old and over to have a New Patient Medical to obtain relevant previous history. This will involve taking some base line measurements such as blood pressure, blood sugar, height and weight and to identify any health problems.

Once you have completed your purple registration form, please hand this back to the receptionist, noting the organ donation information on the back of the form, and request an appointment for a new patient medical. This is a 20 minute appointment with one of our Health Care Assistants and you will need to bring with you a urine sample in a yellow topped pot which the receptionist will give to you when booking your appointment. Please also bring with you a list of your current medication or any documentation if you feel this is relevant to your current medical condition.

This medical is important as it takes up to 8 weeks for your notes to arrive from your previous Practice.

When registering any child of 16 years and under at the practice, please bring in the Child Health Record or "Red Book" so we can copy details of their immunisation history.

**If you have regular medication on repeat prescription please contact your previous surgery and ask them to send us, via fax, a profile which documents the medication you take. This will enable you to start ordering repeat prescriptions from us.**

In the meantime, if you have any queries or concerns, please do not hesitate to contact our reception team who will be happy to assist you.

Tamar Valley Health

Name ..... Date of Birth: .....

Address .....

Telephone - Landline: ..... Mobile: .....

We offer a text message appointment reminder service please tick if you do NOT wish to use this free service

At your previous practice did you have a nominated pharmacy where you collected your medication Yes  No

If yes what was it called? .....

The Department of Health has asked us to record the main language spoken and ethnic origin of all patients. This information will be added to your medical record. If you do not wish to provide this, please tick the 'information refused' box at the end of the list. Please note: if you do not fill in the form and return it to us we will assume that you do not wish to provide the information.

**Ethnic Origin** (Please tick the description which you feel is most appropriate)

<b>White British</b>		<b>Asian or Asian British - Bangladeshi</b>	
<b>White Irish</b>		<b>Other Asian Background</b>	
<b>Other White Background</b>		<b>Black or Black British - Caribbean</b>	
<b>Mixed - White &amp; Black Caribbean</b>		<b>Black or Black British - African</b>	
<b>Mixed - White and Black African</b>		<b>Other black background</b>	
<b>Mixed - White and Asian</b>		<b>Chinese</b>	
<b>Other Mixed Background</b>		<b>Other Ethnic Background</b>	
<b>Asian or Asian British - Indian</b>		<b>Information Refused</b>	
<b>Asian or Asian British - Pakistani</b>			

**Language Spoken** (Please specify or tick 'information refused')

..... Information Refused

**SMOKING**

The practice has been set the target of finding out how many of our patients (aged 14 and older) are smokers and providing those that do with advice about how to stop. Please help us to meet this annual government target by ticking the boxes that apply to you:-

I have never smoked	
I used to smoke but have stopped	
I smoke (also tick one below)	
<i>And I would like cessation advice</i>	
<i>I do not want smoking cessation advice</i>	

NEXT OF KIN DETAILS: Name: .....

Telephone number: .....

From time to time we ask our patients if they would be willing to complete surveys about the practice, if you would be interested in taking part please advise us of the best way to contact you.

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Thank you.

**Office use only**

Details of photo I.D seen .....

Details of address I.D seen .....

Registration of a baby – Parents name and D.O.B .....

Receptionist: Please initial to confirm Registration Form is complete and correct ... ..

Patients willing to complete surveys should be coded as #91B4 with details of how to contact added to notes.