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NEW PATIENT HEALTH CHECK FORM

Date of Registration:	
Surname:	Forenames:
Address:	
Post Code:	
Home Telephone No:	Mobile Telephone No:
<input type="checkbox"/> Consent to receiving text messages from us <input type="checkbox"/> Declined consent to receiving text messages from us	
Date of Birth:	Occupation:
E-Mail Address:	
<input type="checkbox"/> Consent to receiving e-mails from us <input type="checkbox"/> Declined consent to receiving e-mails from us	
NHS No (if known):	
Family Members at same address:	
Previous GP Name:	Previous GP Surgery Address:

Have you ever served in the Armed Forces? Yes ☐ No ☐
A veteran is someone who has served even for one day including in the reserves.

Do you have any communication needs or need to be given information in a certain way?

Are you an unpaid carer? Yes ☐ No ☐

If the answer is yes, can we send you some carer information? Yes ☐ No ☐

Have you had problems with any of the following? Please tick:

Heart Disease		Digestive / Liver	
Chest / Asthma		Diabetes / Thyroid	
Kidney / Bladder		Gynaecological	
Stroke		Joints / Back	

Please give details of:

Operations:		
Allergies:		
Contraception:		
Women - Cervical smear and date:		
<u>Vaccination Status</u>	Tetanus: Date if known	Travel: Date if known

Please give details of Medication / Drugs: Prescribed and “over the counter” medicines or please bring your medication slip from your previous practice.

i)
ii)
iii)
iv)

FAMILY HISTORY (heart disease, stroke, high blood pressure, asthma, diabetes, bowel cancer, other cancers etc)

Grandparents:
Parents:
Brothers/Sisters:
Are they alive and well?

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1- 2	3 - 4	5 - 6	7 - 8	10 +	
How often do you have 6 or more standard drinks on one occasion	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
Scoring: A total of 5+ indicates hazardous or harmful drinking						

NHS Organ Donor – to register please visit www.organdonation.nhs.uk or call 0300 123 23 23

NHS Blood Donor – to register please visit www.blood.co.uk or call 0300 123 23 23