



Chapel Way, Kiveton Park, Sheffield, S26 6QU. Telephone: 01909 770213, Fax: 01909 510108

Welcome to Kiveton Park Medical Practice. Please read the information below:

If you are on **regular medication, receiving care or follow-up for any existing condition**, or would just like a check-up, please ask reception to book you a routine appointment in a few weeks, by which time we should have your records from your previous GP surgery. **If you are unwell and need to be seen sooner – don't wait!**

We offer online services to book appointments and order repeat prescriptions, please ask the receptionist for details if you are interested.

There is a national scheme for a brief summary of patient records to be copied to a national computer system to allow health staff elsewhere to access information about patients if they need to. If you would like more information about this or would like to opt out please speak to Reception.

As a patient you may receive care and treatment from a number of places, such as your GP practice, hospitals and community services, this called Care Data. If you are happy for this information to be shared, you do not need to do anything, if you would like to opt out or would some more information, please ask the receptionist.

Further information is available in the Practice booklet, which is available from Reception.

Please complete the form over leaf.

In order to help us care for our patients, we need to record some information about you. Please complete and return one of these forms for every person that you want to register. *All information provided will be treated in confidence.*

Full Name _____ Date of Birth _____
Are you happy for us to contact you using SMS text Msg? YES / NO (delete as appropriate) If YES, What mobile number would you like us to use? Mob No
Nationality? _____ Main Language? _____
Ethnicity? _____ eg. white, black (Caribbean, African?), Chinese, Asian, mixed black/white, mixed other etc
Height _____ Weight _____

It is helpful to know which of our patients are **housebound**.

Are you able to leave your home (eg to go to shops) without assistance? Yes / No
Do you look after someone who would have to be cared for by someone else if you didn't do it? Yes / No If YES, for whom are you a Carer ? _____

Do/Did any of your close relatives (listed below) have heart disease that began before age 60 ? Father Yes / No Mother Yes / No Brother Yes / No Sister Yes / No If you own a blood pressure monitor, what is your latest reading ?/.....

The smoking questions are only for patients aged 13 or older

Have you ever smoked tobacco ? Yes/ No, If "Yes" , do you still smoke? Yes/ No If Yes , How many did/ do you smoke on a typical day?.....cigarettes/cigars oz/week tobacco If you have stopped smoking, when did you stop?
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1. Please tell us the type and amount of **physical activity** involved in your normal week.

		Please mark one box only
A	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
B	I spend most of my time at work sitting (such as in an office)	
C	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder etc.)	
D	My work involves definite physical effort, including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery worker etc.)	
E	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the last week, how many hours did you spend on each of the following activities

(Please mark one box only on each row)

		Some, but less than 1 hour	1 hour, but less than 3 hours	3 hours or more	None
A	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym etc.				
B	Cycling, including cycling to work and during leisure time.				
C	Walking, inc. walking to work, for pleasure, shopping, etc.				
D	Housework/childcare				
E	Gardening/DIY				

3. Finally, how would you describe your usual walking pace? Please circle one speed only.

SLOW

STEADY

BRISK

FAST (over 4mph)

Thank you for providing this useful information