

Patient Registration Proforma. Morningside Medical Practice.
2 Morningside Place, Edinburgh EH10 5ER. 0131 452 8406.

Visit our website
www MorningsideMedicalPractice com

• Patient self help • Book appointments
• Clinics and services • Request prescriptions



1. Surname: _____

2. Forename(s): _____

3. Date of Birth: _____ Age _____ Sex _____ Male/Female*

4. Marital Status: _____

5. Address: _____

6. Telephone Nos Home: _____ Mobile: _____

Work: _____

Are you happy for messages to be left on your phone Yes/No*

Which phone would you prefer for messages to be left on? Home/Mobile*

7. Your Occupation _____

8. Do you have any of the following conditions (please tick appropriate columns)

Condition	Yes	No
Atrial Fibrillation		
Heart Disease/Heart Attack/Angina		
Kidney Disease		
Stroke or Transient Ischaemic Attack		
Diabetes		
Chronic Bronchitis/COPD		
Asthma		
Mental Health problems (Including Depression)		
Hypertension/High Blood pressure		
Epilepsy		

* Delete as appropriate

FAMILY HISTORY

9. Have any close family members suffered from the following:

Condition	Yes	No	Relationship
Heart Disease (Incl Heart Attack/Angina)			
Stroke			
Diabetes			
Asthma			
High BP/Hypertension			

10. Do you take tablets, medicine, need injections, or need inhalers on a regular basis? **Yes/No***
- a) If Yes: please list them below; and make a routine appointment with a doctor
 - b) If No: if you are over 45 with no health problems, please make a routine appointment with our lead nurse Pauline for a BP check

Name of Medication	Dose	How often taken

11. Do you have any other medical conditions you believe the Doctor should be aware of?

12. Is there anything else that may affect your health, which you would like your doctor to be aware of?

13. **Your Next of Kin:**

First Name _____

Surname _____

Relationship to you _____

Their Telephone Number: _____

* Delete as appropriate

YOUR HEALTH :

14. Height _____ Weight _____

15. Have you ever smoked? **Yes/No:** If Yes when did you stop?

16. If you are still smoking, how many each day?.....

17. Would you like to be referred to the smoking cessation service to help you stop smoking? **Yes/No**

18. How many units of alcohol do you drink in an average week?

(1 Unit = ½ pint of beer **or** 125 ml of wine (a small glass) **or** 1 Spirit (1/8 gill)

19. Do you have any Allergies **Yes/No** (If Yes Please State)

CARER

Carers are people who look after a relative or friend who needs support because of age, physical or learning disability, and physical and mental health illnesses. If you are a carer, you can refer yourself to the local carer support services at VOCAL (please visit our website for more information).

20. Do you fulfill the role of **CARER** for another person? **Yes/No**

If Yes, for whom do you care:

Name: _____ Relationship to you: _____

For Women Only

21. Are you pregnant? **Yes/No***

22. Have you ever had a Cervical Smear? **Yes/No***

If Yes: On what Date was your last smear:

In Which Town or City :

Was the result Normal? **Yes/No*** (If No Please state reason)

To the best of my knowledge the information given above is correct. I have read, I understand, and I agree to the Morningside Medical Practice Code of Conduct (also on our website).

Signature _____ Date _____

* Delete as appropriate

ETHNICITY & INTERPRETER NEEDS

The following questions will give the surgery staff some basic information about your communication support needs and ethnicity, to support your health care.

Do you need an interpreter or sign language support **Yes* / No**

*If you do need an interpreter, what language do you speak?

What is your ethnic group?

Choose ONE section from A to E then tick ONE box which best describes your ethnic group or background.

A. WHITE	
Scottish	
English	
Welsh	
Northern Irish	
British	
Irish	
Gypsy / Traveller	
Polish	
Other, please specify below:	

B: Mixed or multiple-ethnic groups	
Any mixed or multiple ethnic group	

C: Asian, Asian Scottish, or Asian British	
Pakistani, Pakistani Scottish, or Pakistani British	
Indian, Indian Scottish, or Indian British	
Chinese, Chinese Scottish, or Chinese British	
Other, please specify below:	

D: African, Caribbean or Black	
African, African Scottish, or African British	
Caribbean, Caribbean Scottish, or Caribbean British	
Black, Black Scottish, or Black British	
Other, please specify below:	

E: Other ethnic group	
Arab	
Other, please specify below:	

If you would prefer not to provide this information, please tick here:

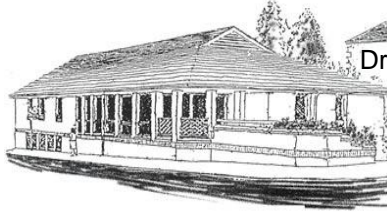
* Delete as appropriate

CONFIDENTIAL (Once Complete).

MORNINGSIDE MEDICAL PRACTICE
CODE OF CONDUCT

Partners

Dr Isobel M Wilson MB ChB BSc
Dr William R Uttley MRCGP DRCOG
Dr Anne Marshall MRCGP DCH
Dr Andrew Ma MRCGP DFRH
Dr Frances Boileau MRCGP DRCOG



Salaried Doctors

Dr Heather Dick BAO MRCGP DRCOG
Dr Caroline Bennett MRCGP

Practice Management Adviser

Mrs Lorna Johnston FIHM

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<http://www.morningsidemedicalpractice.co.uk/>

It is our aim at Morningside Medical Practice to provide a safe and pleasant working environment in which patients and the staff team give and receive mutual respect. To assist in providing this, all persons accessing the services of the practice are expected to observe the Practice Code of Conduct.

The Practice Code of Conduct's main aim is "people attending the practice, whether in person or by telephone, should behave in a manner that respects the rights of others and the practice environment."

Violent behaviour is never tolerated and will result in Police Prosecution of the aggressor and the direct and immediate removal of the patient concerned from the practice list.

The following behaviour falls outside the Code of Conduct and is therefore considered to be **unacceptable**:

- Excessive noise which is obtrusive to others in the vicinity.
- Demanding, manipulative or bullying behaviour.
- Use of threatening, abusive or obscene language.
- Offensive remarks of a racial, sexual or personally derogatory nature.
- Damage or theft to the property.
- Spitting.
- Threatening or aggressive gestures and actions.
- Inappropriate behaviour involving alcohol/substance misuse.
- Repeated non-attendance for appointments.

Any person acting in an unacceptable manner can be asked by a member of staff to stop behaving in such a way and to observe the Practice Code of Conduct.

If a person repeatedly fails to observe the Code of Conduct, the Practice could ask the patient to register elsewhere or refer the patient to the Challenging Behaviour Practice to receive his/her healthcare. The Practice will advise these arrangements to the patient in writing.

* Delete as appropriate