

## Dr D J Warden and Partners incorporating:

### Collington Surgery

23 Terminus Road  
Bexhill-on-Sea  
East Sussex  
TN39 3LR

Tel: 01424 217465

Email: [esxccg.collingtonpractice@nhs.net](mailto:esxccg.collingtonpractice@nhs.net)

### Ninfield Surgery

High Street  
Ninfield  
East Sussex  
TN33 9JP

Tel 01424 892569

Email: [esxccg.ninfield@nhs.net](mailto:esxccg.ninfield@nhs.net)

### Pebsham Surgery

119 Seabourne Road  
Bexhill-on-Sea  
East Sussex  
TN40 2SD

Tel: 01424 230399

Email: [esxccg.pebsham@nhs.net](mailto:esxccg.pebsham@nhs.net)

### Sea Road Surgery

39/41 Sea Road  
Bexhill-on-Sea  
East Sussex  
TN40 1JJ

### NEW PATIENT FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Have you or a member of your immediate family ever served in the Armed Forces: Yes/No

Please specify: \_\_\_\_\_

### ETHNIC ORIGIN:

Please tick one of the boxes. This information is important because of the need to take into account culture, religion and language in providing appropriate health care to all patients, however if you do not wish to state your ethnic origin please state here:- \_\_\_\_\_

White – Scottish / English / Welsh / Northern Irish / British		Asian or Asian British - Indian	
White – Irish		Asian or Asian British – Pakistani	
Gypsy / Traveller		Asian or Asian British – Bangladeshi	
Any other White Background		Chinese	
White & Black Caribbean		Any other Asian Background	
White & Black African		Black African	
White & Asian		Black Caribbean	
Any other Mixed / Multiple Ethnic Background		Black British	
Arab		Any other Ethnic Group <i>please describe</i>	

Please confirm your 1<sup>st</sup> spoken language \_\_\_\_\_

If English is not your 1<sup>st</sup> language, do you require an interpreter? Yes/No

Dr David J Warden(P); Dr Gooch Singh(P); Dr Stephen French(P); Dr Suneeta Kochhar(P); Dr Debbie Gooderick(P); Dr Iche Mangiri(P).

Associate GPs: Dr Preye Mangiri; Dr Carmen Ersek; Dr Elizabeth Pronger.

Patients are allocated a named accountable GP, however you are able to make an appointment with any GP of your choice, please ask the Receptionist when making your appointment.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

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

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

**CONSENT TO SUMMARY CARE RECORD:-** Do you consent to your Summary Care Record being shared with the Ambulance Service / Out of Hours Service / Community Nurses etc, so that all services will know of your medical problems and can provide you with the best care at all times?

**Summary Care Record: Yes/No**

**Additional Information: Yes/No**

**CONSENT FOR THE SURGERY TO CONTACT YOU VIA TEXT MESSAGE/EMAIL:-** Do you consent for us to contact you via text messaging and/or email?

**SMS Notification Consent: Yes/No**

**Email Notification Consent: Yes/No**

On receipt of your medical records it will be checked for accuracy.

**Carers:** If you are a Carer and would like to be identified as such, please complete this section.

**Are you a Carer? Yes / No**

**If yes, Name of person you care for:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address of person you care for:** \_\_\_\_\_

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

Thank you for your help. If you have any other questions please speak to a member of staff or ask to speak to the Practice Manager.

**FOR PRACTICE USE ONLY:**

Patient ID seen:

\_\_\_\_\_