



Aldershot Centre for Health  
Hospital Hill, ALDERSHOT, GU11 1AY

Tel: 01252 344868

Fax: 01252 335420

email: thecambridge.practice@nhs.net

www.cambridgepractice.co.uk

**Please tell us about yourself:**

Are you a carer?  Yes  No

Do you have a carer?  Yes  No

If yes, please tell us the name & address of your Carer:

Are you happy for us to contact your carer about you?

Yes  No

**Allergies .....**

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?	Name of medication	What was the problem or upset?

Have you had a cervical smear test?

Yes  No

If yes, what was the result? (if known)

Date (if known)

**Ethnicity .....**

Please indicate your ethnic origin:

- British or mixed British  
 Irish  
 African  
 Caribbean  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other (please state):   
 Decline to state

**Next of kin .....**

Title: Mr Mrs Miss Ms

Name:

Tel. contact number:

Relationship:

Dr Claire BROOKS MB ChB MRCGP

Dr Stephen SCOTT-PERRY BMSc(Hons) MB ChB DRCOG MRCGP

Dr Karen ROBINSON BSc(Hons) MB BS DCH DFSRH MRCGP

Dr Peter BIBAWY MBBCh MRCGP

Dr Alex SAUTELLE MB BS MRCGP

Dr A Elizabeth WALKER MB ChB MRCGP DCH DRCOG

Dr Nelly KING MRCGP

Dr Lesley ROSLING MB BS DCH MPH MRCGP

Branch Surgery:

276 Lower Farnham Road

ALDERSHOT, GU11 3RB



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**Data sharing consent choices .....**

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Where you have provided information on how to contact you, can you confirm you are happy for [insert name of practice] to contact you by the following:

By email  Yes  No This will be to send you letters, newsletter and the like

By text  Yes  No This will be to send you reminders of appointments via text

Email address

**NHS App**

You can download the NHS App all you need is photo I.D.

The features this app can offer is the ability to book appointments online check your symptoms and order repeat medication.

However we have an additional online access form which gives further access to your view medical history and check your test results.

[Empty text box]

**Signature .....**

I confirm that the information I have provided is true to the best of my knowledge.

Signed: [Signature box]

Date: [Date box]

Signature of patient  Signature on behalf of patient

Updated August 2019

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