CONTACT DETAILS	
NAME:	
DATE OF BIRTH:	
TELEPHONE NUMBER:	
DO YOU CONSENT TO BE CONTACTED VIA SMS AND EMAIL FOR HEALTH MATTERS? (EX. TEST RESULTS)	
YES	NO

Cofrestru gyda gwasanaethau meddyg teulu
Family doctor services registration

GIG CYMRU NHS WALES

GMS1W

Manylion y claf
Patient's details

Cwblhewch y rhan hon mewn PRIF LYTHRENNAU a thiciwch y blychau lle bo'n briodol ☑
Please complete in BLOCK CAPITALS and tick as appropriate ☑

☐ Mr Mr ☐ Mrs Mrs ☐ Miss Miss ☐ Ms Ms

Cyfenw
Surname

Dyddiad geni
Date of birth

Enwau cyntaf
Forenames

Rhif GIG
NHS No.

Cyfenw(au) blaenorol
Previous surname/s

Adnabyddir fel
Known Name

☐ Gwryw Male ☐ Benyw Female

Tref a gwlad eich geni
Town and country of birth

Enw'ch mam cyn priodi
Mothers Maiden Name

Cyfeiriad presennol
Current address

Cod Post
Postcode

Rhif ffôn
Telephone number

Helpwch ni i olrhain eich cofnodion meddygol blaenorol drwy ddarparu'r wybodaeth ganlynol
Please help us trace your previous medical records by providing the following information

Eich cyfeiriad blaenorol yn y DU, pan oeddech wedi'ch cofrestru gyda meddygfa meddyg teulu
Your previous address in the UK, whilst registered with a GP surgery

Cod Post
Postcode

Enw'ch meddyg blaenorol pan oeddech yn y cyfeiriad hwnnw
Name of previous doctor while at that address

Cyfeiriad eich meddyg blaenorol
Address of previous doctor

Os ydych o dramor
If you are from abroad

Eich cyfeiriad cyntaf yn y DU lle roeddech wedi cofrestru gyda meddyg teulu
Your first UK address where registered with a GP

Os oeddech yn arfer byw yn y DU, dyddiad gadael
If previously resident in the UK, date of leaving

Ydych chi erioed wedi cofrestru â Meddyg Teulu y GIG yn y DU?
Have you ever registered with a NHS GP in the UK?

☐ Ydw Yes ☐ Nac Ydw No

Y dyddiad y daethoch gyntaf i fyw yn y DU
Date you first came to live in UK

Ydych chi erioed wedi gwasanaethu fel aelod o luoedd arfog ei mawrhydi?
Have you ever served in HM Armed Forces?

☐ Ydw Yes ☐ Nac Ydw No

Os ydych yn dod yn ôl o'r Lluoedd Arfog
If you are returning from the Armed Forces

Cyfeiriad cyn ymrestru
Address before enlisting

Dyddiad ymrestru
Enlistment date

Dyddiad gadael
Discharge date

Rhif gwasanaeth neu bersonél, Rhif BFPO
Service or Personnel number, BFPO Number

Os oes angen i'ch meddyg weinyddu meddyginiaeth a theclynnau meddygol*
If you need your doctor to dispense medicines and appliances*

*Nid oes awdurdod gan bob meddyg i weinyddu meddyginiaeth
*Not all doctors are authorised to dispense medicines

☐ Rwy'n byw mwy na milltir mewn llinell syth oddi wrth y fferyllydd agosaf
I live more than 1 mile in a straight line from the nearest chemist

☐ Byddai'n anodd dros ben i mi gael gafael arnynt gan fferyllydd
I would have serious difficulty in getting them from a chemist

☐ **Eithrio o Gofnod lechyd Unigol y GIG**
Rwy'n dymuno eithrio o'r Cofnod lechyd Unigol ac atal staff meddygol sy'n darparu gofal brys rhag gweld fy ngwybodaeth feddygol allweddol.
Rwyf wedi derbyn digon o wybodaeth i wneud dewis gwybodus ac rwy'n cydnabod y gallai eithrio fel hyn amharu ar fy ngofal iechyd.
Mae rhagor o wybodaeth ar gael yn www.wales.nhs.uk/cofnodiechydunigol neu drwy ffonio Galw Iechyd Cymru ar 0845 46 47

☐ **NHS Individual Health Record Opt Out**
I want to opt out of the Individual Health Record and prevent emergency care medical staff being able to access my key medical information.
I have received enough information to make an informed decision and I acknowledge that opting out could be detrimental to my healthcare.
Further information is available by visiting www.wales.nhs.uk/individualhealthrecord or by calling NHS Direct on 0845 46 47

☐ Ticiwch y blwch yma os hoffech chi dderbyn gohebiaeth oddi wrthym yn y Gymraeg
Please tick this box if you wish to receive correspondence from us in Welsh

☐ **Llofnod y claf**
Signature of patient

☐ **Llofnod ar ran y claf**
Signature on behalf of patient

Dyddiad Date ____/____/____

Gweler trosodd ynghylch rhoi organau
Please see overleaf re: Organ donation

Cofrestru gyda gwasanaethau meddyg teulu
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GMS1W

I'w gwblhau gan y meddyg **To be completed by the doctor**

Enw'r Meddyg
Doctors Name

Cod HB
HB Code

☐ Rwyf wedi derbyn y claf hwn ar gyfer gwasanaethau meddygol cyffredinol
I have accepted this patient for general medical services

☐ Rwyf wedi derbyn y claf hwn ar gyfer gwasanaethau meddygol cyffredinol ar ran y meddyg isod sy'n aelod o'r feddygfa hon
I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Enw'r Meddyg, os yw'n wahanol i'r uchod
Doctors Name, *if different from above*

Cod HB
HB Code

☐ Byddaf yn gweinyddu meddyginiaethau/teclynnau meddygol i'r claf hwn yn amodol ar Gymeradwyaeth yr Awdurdod Iechyd
I will dispense medicines/appliances to this patient subject to Health Board Approval

Rwyf yn datgan bod yr wybodaeth hon, hyd y gwn i, yn gywir.
I declare to the best of my belief this information is correct.

Llofnod Awdurdodedig
Authorised Signature

Stamp y Feddygfa
Practice Stamp

Enw
Name

Dyddiad _____/_____/_____
Date

GRANGE MEDICAL PRACTICE

UNDER 16s PATIENT QUESTIONNAIRE

Welcome to the Grange Medical Practice. Please complete this questionnaire or complete on behalf of your child All the information you provide is strictly confidential and will become a part of your medical record	
Title Miss /Master	
Surname:	
First Name	
Date of Birth	Male/ Female
Address:	
Postcode:	
Emergency Contact Number	
Name of Parent or guardian	
Tel of parent or guardian if different from above	

Ethnicity

African		Other black background	
Bangladeshi		Other mixed background	
British or Mixed British		Other white background	
Caribbean		Pakistani or British Pakistani	
Chinese		Mixed white and Asian	
Irish		Mixed white and black African	
Indian or British Indian		Mixed white and Caribbean	
Other Asian Background		Other	
European		I do not want to give my ethnic origin	

Do you have a disability we should be aware of?

Do you have any allergies?

Smoking (14 years and over)

Do you smoke Yes/No	
If yes how many?	
Would you like advice to give up?	

Do you take the contraceptive pill?	
Do you use another form of contraception	
Would you like advice regarding contraception?	

Have you had any serious illnesses or operations?

Serious illnesses	
Operations	

Are your childhood immunisations up to date? Yes/No If no please give further information

All children under five must provide evidence of childhood immunisations

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FOR OFFICE USE ONLY

Address Verified: YES / NO

_____

Staff Member:

Date: _____