

NEW PATIENT DETAILS

CONTACT DETAILS

Full Name _____
Phone Numbers Home _____ Mobile _____
E-mail _____

ETHNICITY, LANGUAGE AND COMMUNICATION

What is your ethnic background? _____

What is your first language? Welsh English Other _____

If other, do you need an interpreter? Yes No

Are you registered disabled, blind or deaf? Disabled Blind Deaf

MY HEALTH ON-LINE (MHOL)

All patients are encouraged to register for My Health on-Line. An internet based system that lets you make and cancel appointments, request repeat prescriptions and update your personal information.

Would you like to register for a MHOL account? Yes No

As part of the MHOL registration process you will need to show proof of identity. This is one of the measures in place to protect the information that we hold about you.

TEXT MESSAGING AND E-MAIL

Do you consent to receiving;

txt messages to remind you of appointments and to provide information? Yes No
our newsletter and health information via e-mail? Yes No

Appointment reminder texts are sent automatically. Any other information is sent periodically. We will never bombard you with information and you can withdraw your consent at any time.

CARER

A carer is anyone who cares for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their help.

Are you a carer? (do you provide care for somebody) Yes No

Do you have a carer? (does somebody care for you) Yes No

If happy to do so, please provide the carer's details: Full Name _____

Home phone no _____ Mobile phone no _____

Would you like us to put you in touch with the Carer's Trust for support, help and advice? Yes No

If you would like your carer to be able to discuss some aspects of your care on your behalf, please let us know so that we can put this arrangement in place for you.

ARMED FORCES VETERANS

Are you a veteran? Yes With which service did you serve? _____

MANYLION CLAF NEWYDD

MANYLION CYSWLLT

Enw Llawn _____
Rhifau ffôn _____ Cartref _____ Symudol _____
E-bost _____

CEFNDIR ETHNIG, IAITH A CHYFATHREBU

beth yw eich cefndir ethnig? _____
Beth yw eich iaith gyntaf? Cymraeg Saesneg Arall _____
Os arall, a ydych angen cyfieithydd? Oes Nac oes
A ydych wedi eich cofrestru yn anabl, yn ddall neu byddar? Anabl Dall Byddar

FY IECHYD AR-LEIN (MHOL)

Rydym yn annog cleifion i gofrestru â MHOL. Gwefan sy'n eich galluogi i drefnu a chanslo apwyntiadau, gwneud cais am ail bresgripsiwn, diweddarau eich manylion personol.

A hoffech gofrestru ar gyfer Fy Iechyd ar Lein? Hoffwn Na hoffwn

Bydd angen i chi brofi pwy ydych chi fel rhan o'r broses gofrestru. Dyma un o'r camau sydd wedi'u sefydlu i ddiogelu'r wybodaeth yr ydym yn ei gadw amdanoch

NEGES TESTUN AC E-BOST

A ydych yn caniatáu i ni;

anfon neges testun i'ch atgoffa o apwyntiadau ac i ddarparu gwybodaeth achlysurol? Ydw Nac ydw
anfon cylchlythyr neu wybodaeth drwy e-bost yn achlysurol Ydw Nac ydw

Mae'r neges testun i'ch atgoffa o apwyntiad yn cael ei anfon yn awtomatig, dim ond yn achlysurol y bydd unrhyw wybodaeth arall yn cael ei anfon. Gallwch ddi-ddymu eich caniatad ar unrhyw bryd.

GOFALWYR

Gofalwr yw person sy'n gofalu am ffrind neu aelod o'r teulu, sydd, oherwydd salwch, anabledd, problemau iechyd meddwl neu orddibyniaeth, yn methu ymdopi heb eu cymorth.

A ydych yn ofalwr? (a ydych yn gofalu am rywun?) Ydw Nac ydw

Oes gennych ofalwr? (oes rhywun yn gofalu amdano chi?) Oes Nac oes

Os yn fodlon, rhwng fanylion eich gofalwr: Enw Llawn _____

Rhif ffon cartref _____ Rhif ffon Symudol _____

A hoffech i ni eich rhoi mewn cyswllt ac Ymddiriedolaeth Gofalwyr Cymru ar gyfer derbyn cefnogaeth, cymorth a chynghor? Ie Na

Os yr hoffech i'ch gofalwr allu trafod agweddau o'ch gofal meddygol gyda ni ar eich rhan, gadewch i ni wybod fel y gallwn rhoi'r trefniant yn ei le i chi.

CYN FILWYR Y LLUOEDD ARFOG

A ydych yn gyn filwr? Ydw Gyda pha wasanaeth? _____