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How to find us

12 Devonshire Avenue
Roundhay, Leeds
LS8 1AY

Opening times

Reception: Monday - Friday from 8.30am - 6pm.

GP/Nurse Appointments: Monday - Friday from 8am - 6pm.

We hold additional evening surgeries until 9pm on alternate Wednesday/Thursday evenings.

Update clinical details

Contact Details			
Name:	<input type="text"/>	Date of Birth:	<input type="text" value="dd/mm/yyyy"/>
Address	<input type="text"/>	NHS Number	<input type="text"/>
		Home Phone	<input type="text"/>
		Mobile Phone	<input type="text"/>
Postcode	<input type="text"/>	Email	<input type="text"/>
Height & Weight etc			
Height	<input type="text"/> feet <input type="text"/> in	OR	<input type="text"/> cm
Weight:	<input type="text"/> stone <input type="text"/> lb	OR	<input type="text"/> kg
Waist:	<input type="text"/> inches	OR	<input type="text"/> cm
Blood Pressure:	<input type="text"/> (systolic) / <input type="text"/> (diastolic)		
Resting Pulse:	<input type="text"/> (beats per minute)		
Smoking			
Have you ever smoked?		<input type="radio"/> No <input type="radio"/> Yes	
If 'Yes', please answer the following:			
Do you smoke now?		<input type="radio"/> No <input type="radio"/> Yes	
If 'Yes' how many do you smoke each day?		<input type="text"/>	
If 'No' when did you quit?		<input type="text"/>	
There are plenty of options available to help you quit. Is this something you would like us to contact you about?		<input type="radio"/> Yes <input type="radio"/> No	
Alcohol			
1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits. 1 unit of alcohol = 10cc of alcohol. So, a small glass (125cc) of 12% wine is 12.5 * 0.12 = 1.5 units.			
MEN: How often do you have EIGHT or more drinks on one occasion?		Please choose... <input type="text"/>	
WOMEN: How often do you have SIX or more drinks on one occasion?		Please choose... <input type="text"/>	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?		Please choose... <input type="text"/>	
How often during the last year have you failed to do what was normally expected of you because of drinking?		Please choose... <input type="text"/>	
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?		Please choose... <input type="text"/>	
Other Information			
Do you look after someone?		<input type="radio"/> No <input type="radio"/> Yes	
If yes, please provide the following information:			
	Caring Details:	<input type="text"/>	
	Permission Date:	<input type="text"/>	
	Relationship:	<input type="text"/>	

About this clinical records form

Thank you for agreeing to help us keep our records current and accurate.

Note:
By using this form you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method to notify us of your information.

Personal Information
Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.



Are you allergic to any medications? (please state which ones)	<input type="text"/>
What is your ethnicity?	<input type="text" value="Please choose..."/> <input type="text"/>
What is your first language?	<input type="text"/>
<input type="button" value="Click here to submit this form"/>	