



**Grŵp Meddygol
Ystwyth
Medical Group**

www.ystwythmedicalgroup.co.uk

Parc y Llyn
Aberystwyth
Ceredigion
SY23 3TL

Tel: 01970 613500
Fax: 01970 613505

NEWID MANYLION

Enw:..... Dyddiad geni:.....

Enw Newydd (Os yn Berthnasol):.....

Cyfeiriad:.....

..... Côt post:.....

Rhif ffôn Catref :..... Symudol..... Rhif GIG (NHS)

Rwy'n rhoi caniatâd i Grwp Meddygol Ystwyth i gysylltu drwy neges destun / e-bost gyda nodiadau atgoffa apwyntiadau a gwahoddiadau clinigol arferol Ydw/Nac ydw

Llofnod..... Dyddiad.....

Hyrwyddo iechyd

Ydych chi'n smygu? Ydw/Nac ydw Sigaréts..... Pibell..... Sigârs.....
Sawl un pob dydd? Sigaréts..... Pibell..... Sigârs.....

Pryd wnaethoch chi roi'r gorau i smygu?.....

Gall ysmegu achosi niwed difrifol i'ch iechyd. Gofynnwch am apwyntiad i fynychu'r clinig rhoi'r gorau i smygu os ydych chi am gael cyngor.

Ydych chi'n yfed alcohol? Ydw/Nac ydw

Faint ydych chi'n yfed mewn wythnos? Cwrw..... Gwin..... Gwirodydd.....

Gall yfed alcohol achosi niwed difrifol i'ch iechyd. Gofynnwch am apwyntiad os ydych chi am gael cyngor.

Ydych chi'n prynu aspirin dros y cownter? Ydw/Nac ydw

Eich pwysau ar hyn o bryd:..... Eich taldra ar hyn o bryd:.....

Gwybodaeth am ofalwyr:

Ydych chi'n ofalwr? Ydw/Nac ydw

Pwy ydych chi'n gofalu amdano?: Perthynas:.....

Enw:..... Meddyg:.....

Ydych chi'n fodlon rhannu gwybodaeth amdanoch chi fel gofalwr â'r Groes Goch a Gwasanaethau Cymdeithasol: Ydw/Nac ydw

Llofnod..... Dyddiad.....

Derbyniwyd gan/Enw:Cyfrifiadur:Nodiadau:



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CHANGE OF DETAILS

Name:.....Date of Birth:.....

New Name (If Applicable):.....

Address:.....

..... Post Code:.....

Home Tel. No.:..... Mobile..... NHS No.....

I consent to Ystwyth Medical Group contacting me by text message / email with appointment reminders and routine clinical invitations Yes/No

Signature..... Date.....

Health Promotion

Do you smoke? Yes/No Cigarettes..... Pipe..... Cigars.....
How many per day? Cigarettes..... Pipe..... Cigars.....

When did you stop smoking?.....

Smoking can seriously damage your health. Please ask for an appointment to attend the smoking cessation clinic if you feel you need advice.

Do you drink alcohol? Yes/No

How much do you drink in a week? Beer..... Wine..... Spirits.....

Drinking can seriously damage your health. Please ask for an appointment if you feel you need advice.

Do you buy aspirin over the counter? Yes/No

Current Weight:..... Current Height:.....

Carers Information

Are you a carer? Yes/No

Who do you care for?: Relationship:.....

Name:.....Doctor:.....

Are you willing to share carer's information with the Red Cross and Social Services?: Yes/No

Signature..... Date.....

Received by/Name: Computer:Notes: