

NEW PATIENT INFORMATION

IDENTIFICATION IS REQUIRED TO REGISTER WITH THE PRACTICE

Name	Date of Birth
Full Address.....	Tel No.Home.....
.....	Tel No. Mobile.....
.....	Email address.....
Occupation.....	Ethnic Origin: White British []
Main language spoken.....	Black or Black British []
Next of Kin.....	Asian or Asian British []
Who else lives in your house?	Mixed []
.....	Chinese or ethnic group []
Emergency contact name & number	Other. Please state:
.....	
Are you or do you have a carer?	

GENERAL HISTORY

Have you had any serious illnesses or operations?

.....

.....

What medication are you taking?

.....

.....

.....

Are you allergic to anything?

Do you smoke? Yes / No If so how many per day.....

Have you ever smoked?

FAMILY HISTORY

Have any of your **blood** relations ever suffered from the following?

Heart Problems.....

Stroke.....

High blood pressure.....

Cancer.....

Diabetes.....

Thyroid disorders.....

Asthma.....

Any other serious illness.....

VACCINATIONS

Have you ever had the following vaccinations, If so, what year?

- BCG..... Influenza.....
- Diphtheria..... German measles (Rubella).....
- Hepatitis A..... Hepatitis B.....
- Measles..... MMR.....
- Pneumonia..... Polio.....
- Tetanus..... Typhoid.....
- Whooping Cough..... Yellow Fever.....
- Any other Vaccinations.....

FEMALE PATIENTS

- Number of children.....
- Ages of Children and names if under 18.....
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- How many pregnancies have you had.....
- Are you using any contraception.....
- Have you had a hysterectomy.....
- Date of your last smear test.....

For the following questions please circle the answer that best applies:

1 drink = 1/2 pint beer or 1 glass of wine or 1 single spirit

- 1. MEN: How often do you have EIGHT or more drinks on one occasion?
WOMEN: How often do you have SIX or more drinks on one occasion?

0	1	2	3	4
Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

- 2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0	1	2	3	4
Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

- 3. How often during the last year have you failed to do what is normally expected of you because of drinking?

0	1	2	3	4
Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

- 4. 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?

0	2	4
No	Yes, on one occasion	Yes, on more than one occasion

For surgery use: Total: