

Please complete both pages of this form

New Patient Questionnaire – Adults aged 16 and over

Name: **Home Telephone Number :**

Date Of Birth: / / **Mobile Telephone Number:**

Address: **Work Telephone Number:**

..... **Email Address:**

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Name: **Contact Telephone Number:**

ALCOHOL CONSUMPTION

The government require GP Practices to collect information on alcohol consumption from all newly registering patients aged 16 or over. Please complete the first 3 questions. If you score 5 or more, please complete the additional questions. High alcohol consumption can affect your health. A member of our clinical staff might contact you to ask if you would like any support or advice.

	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total Score – If you score 5 or more please continue with the questions below.						
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

HEIGHT AND WEIGHT MEASUREMENTS

Please record this information if you have accurate and up to date values.

Height cm or inches

Weight kg or stones and pounds

Waist Measurement cm or inches

SMOKING

I have never smoked

I am an ex-smoker of cigarettes and I gave up in the year

I am a current smoker of cigarettes

I am an ex-user of e-cigarettes and I gave up in the year

I am a current user of use e-cigarettes

As a practice we strongly advise patients who smoke to stop and have services to assist with giving up. Please book an appointment with a nurse if you would like smoking cessation support.

ETHNICITY

Government guidelines request all GP Practices to record an ethnic origin and first language for all new registrations. Information on ethnicity is important because of the need to take into account culture, religion and language in providing individual medical care. Also, people of certain ethnic origins are at greater risk of some illnesses so this is important information. Please tick the relevant boxes below.

African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Bangladeshi / British Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
British/Mixed British	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Indian / British Indian	<input type="checkbox"/>	Other white background	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>
Pakistani / British Pakistani	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Ethnic category not stated	<input type="checkbox"/>

English is my first language English is my second language

I decline to give this information

CARERS

Do you look after a friend or relative to help them with their daily life or are you being cared for by a friend or relative?

I am a carer for I am cared for by