Version	Date Published	Review Status
2.4	Oct 2013	Updated Jan 23

NEW PATIENT REGISTRATION QUESTIONNAIRE

To the Patient:

To register with the practice, please complete this questionnaire as fully as possible. The information will help the doctor make an initial assessment of your health which will help in your future treatment.

Surname: …… Forename(s): …… Date of Birth: ……

Marital status: …… Previous Surname: ……..

Address: ……

…… Postcode: ……

Home tel: …… Mobile: ……

Email address: ……

Occupation: ……

Emergency Contact Person

Name……..Relationship……

Contact Telephone No……..

Address……

Please use the equipment in our waiting room to provide us with the following information:

Weight…… Height…… Blood Pressure…… Pulse……

Date of completion of this form: ……

Smoking

Have you ever smoked? *Yes* / *No*

If *Yes*, how many…: Cigarettes per day ……..

How old were you when you started smoking? ……

Ex-Smokers

How old were you when you stopped smoking? ……

How much did you smoke per day? ……..

Passive Smoking

Are you exposed to passive smoke at work? *Yes* / *No* At home? *Yes* / *No*

Exercise

Do you take regular exercise? *Yes / No*

If yes, what sort of exercise? …….

How many minutes do you typically spend session exercising? ……

How many times do you exercise per week? ……

Ethnic Origin

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

	British
	Irish
	Any other white background, please state:

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background, please state:

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background, please state:

D Black or Black British

	Caribbean
	African

	Any other black background, please state:

E Chinese or other ethnic group

	Chinese
	Any other, please state:

First language:

Alcohol

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

One drink = 1/2 pint of beer/one glass of wine/one single measure of spirits

Q1. How often do you have a drink containing alcohol?

Never – 0 Points Monthly or less – 1 Point 2 to 4 times a Month – 2 Points
2 to 3 times a Week - 3 Points 4 or more times a week – 4 Points

If you replied never to Question 1, please skip Questions 2 -8 and answer only Questions 9 and 10

Q2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 drinks – 0 Points 3 or 4 drinks – 1 Point 5 or 6 drinks – 2 Points
7 or 8 or 9 drinks – 3 Points 10 or more drinks – 4 Points

Q3. How often do you have six or more drinks on one occasion?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points
Weekly – 3 Points Daily or almost daily – 4 Points

If you scored 0 points to Questions 2 and 3, please skip Questions 4 -8 and answer only Questions 9 and 10. Otherwise continue with all Questions.

Q4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points Daily or almost daily – 4 Points

Q5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Q6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Q7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Q8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Q9. Have you or someone else been injured as a result of your drinking?

Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Q10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
Never – 0 Points Less than monthly – 1 Point Monthly – 2 Points Weekly – 3 Points
Daily or almost daily – 4 Points

Scores of 8 or more are considered an indicator of hazardous and harmful alcohol use. If your score is higher than 8 we will contact you to discuss this with you further

Family History

Is there any of the following in your family *(father, mother, brother, sister)* before the age of 65?

Heart Disease (e.g. heart attacks, angina) *Yes* / *No* which family member? …….

Stroke *Yes* / *No* which family member? …….

Cancer *Yes* / *No* which family member? …….

Site of cancer? ……

Are there any other details concerning your family history that you think we should know about?

……

……

Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of drugs and Dosage

Allergies

Are you allergic to any substances, including medication or foods? *Yes* / *No*

If *Yes*, please give details:

……

……

Young Patients

Have you ever been looked after by a person by social services? *Y/N*

Carers

Does someone look after you? Or do you need / have anyone who looks after you or your daily needs as a Carer? *Yes* / *No*

If *Yes*, would you like them to deal with your health affairs here? *Yes* / *No*

The receptionist can help with these arrangements

Do you look after someone else? *Yes* / *No*

If *Yes*, please ask the receptionist about Carers support

Communication With Patients - We are looking to improve how we communicate with patients. Please tell us if you need information in a different format or need communication support.

Veterans

Have you ever been a member of the British Armed Forces (regular or reserve) or The Merchant Marine. *Yes/No*

As a practice we share patients records with other health care professionals. If you do not want this to happen please tick the box. ☐

Please tick the box on the right if you consent to being contacted from time to time via email and/or SMS text message with advice about your health and/or appointment reminders ☐

Thank you for completing this questionnaire.