

New Patient Registration Form

As a new registration to this practice, we are legally obliged by Government Regulations to assess your eligibility to receive free NHS treatment. Entitlement is based on legal residency, irrespective of nationality, citizenship or any previous payment of NICs or taxes. Please bring with you proof of ID and residency.

Surname:

First name:

Date of birth:

NHS number:

Name & address of previous GP:

Home address:

Telephone no:

Mobile telephone no:

Email:

Next of Kin:

Address & Telephone no:

(Full name & relationship to patient)

Ethnic Origin

Please tick as appropriate:

White

- British/Mixed British
- Irish
- Other (please state):
- Other European origin (please state):

Mixed

- White & Black Carribean
- White & Black African
- White & Asian
- Other (please state):

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other Asian background (please state)

Black or Black British

- Carribean
- African
- Other black background (please state):

Chinese or other Ethnic Group

- Chinese
- Other (please state):

Main language spoken:

Grand Drive Surgery

PTO

Smoking History:

- Never smoked tobacco
- Ex-smoker
- Current smoker

(Smoking Cessation Advice/Clinic available – please ask at Reception)

Do you drink alcohol? Yes No If yes, please complete attached alcohol form

Do you have any known allergies? Yes No

If yes, please specify:

Please record your height & weight below

Height _____ M _____ Weight _____ Kg

PLEASE NOTE THAT IF YOU ARE ON ANY REPEAT MEDICATION, YOU WILL NEED TO MAKE AN APPOINTMENT WITH A DOCTOR IN THE SURGERY TO SET UP YOUR REPEATS.

Are you a Carer?

Carers are people who voluntarily look after a relative, friend or neighbour on a long-term basis. If you would like to be added to our carers list please complete the following details:

- Patient cared for:
- Name:
- Date of Birth:
- Relationship:

Grand Drive Surgery

Alcohol Questionnaire (AUDIT C 9k17)

Please complete by ticking relevant answer

Q1 How often do you have a drink that contains alcohol?

- Never (0 points)
- Monthly or less (1 point)
- Two to four times a month (2 points)
- Two to three times per week (3 points)
- Four or more times per week (4 points)

Q2 How many standard alcoholic drinks do you have on a typical day when you are drinking?

- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

Q3 How often do you have 6 or more standard drinks on one occasion?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Total Score: _____

If total score is 5 or higher, please complete more detailed questionnaire overleaf.

Grand Drive Surgery

Alcohol Questionnaire (COMPLETE AUDIT 9k15)

Q4 How often in the last year have you found 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 in the last year have you failed to do what was expected of 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 in the last year have you needed an alcoholic drink in the morning to get you going?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q7 How often in the last year have you had a feeling of guilt or regret 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 in the last year have you not been able to remember what happened when drinking the night before?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q9 How often in the last year have you or someone else been injured as a result of your drinking?

- No (0 points)
- Yes but not in the last year (2 points)
- Yes during the last year (4 points)

Q10 Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?

- No (0 points)
- Yes but not in the last year (2 points)
- Yes during the last year (4 points)

Total Score: _____