

MAYFIELD MEDICAL CENTRE NEW PATIENT QUESTIONNAIRE

Welcome to our Practice. Please will you help us to help you by completing the following questionnaire – it will enable us to know more about you while we are awaiting the transfer of your medical records from your old surgery.

Any information you give will be treated in the strictest confidence, and is subject to the Data Protection Act 1998. When you have completed this form, please hand it in to Reception. Thank you.

IF YOU ARE ON REGULAR **MEDICATION**, PLEASE MAKE AN APPOINTMENT TO SEE YOUR DOCTOR AND BRING A LIST OF YOUR MEDICATIONS WITH YOU.

IF YOU ARE **PREGNANT**, PLEASE MAKE AN APPOINTMENT TO SEE THE MIDWIFE.

Today's Date:			
Date of Birth:			
Sex:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Surname:			
Previous surnames:			
Forenames:			
Calling name: (what you wish to be called)			
Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	
	Ms <input type="checkbox"/>	Other:	
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	
	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	
	Widowed <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	
	Widower <input type="checkbox"/>	Unknown <input type="checkbox"/>	
CONTACT DETAILS:			
Post Code:			
House Name/Flat No:			
No and Street:			
Village:			
Town:			
Do you live in a residential home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Home Telephone No:			
Work Telephone No:			
Mobile Telephone No:			
E-Mail Address:			
NHS Number (if known)			
Are you a Registered Carer? If so, who do you care for?			

We are required to ask about ethnic origin, but if you do not wish to provide this information, please tick the box at the bottom on the right-hand side. Thank you.

Ethnic Origin

A White

British

Irish

Other White (please write here)

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Other mixed (please write here)

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian (please write here)

D Black or Black British

Black Caribbean

Black African

Other Black (please write here)

E Other Ethnic categories

Chinese

Other ethnic group (please write here)

F None

Ethnic group not known

or

I do not wish to indicate my ethnic group

OK

Cancel

Please tick the boxes that apply to you, and give additional information where requested. Thank you

Exercise:

- No exercise
Light exercise Please indicate the level of exercise
Moderate exercise that you usually take each week
Heavy exercise

Smoking:

- Cigarette smoker cigarettes/day
Pipe smoker oz/wk.
Cigar smoker cigars/day
Rolls own cigarettes oz/wk

Never smoked tobacco Passive smoker

Stopped smoking

- Ex-Cigarette Smoker cigs/day (past)
Ex pipe smoker oz/week (past)
Ex- Rolled Tobacco Smoker oz/wk (past)
Ex cigar smoker cigars/day (past)

Alcohol:

Alcohol Intake units/week

Values:

- O/E - height cm (cm or feet and inches)
O/E - weight Kg (Kg or Stones/pounds)

Family History:

Has a close relative ever had any of the following medical problems?
If, so, please say who, e.g. Mother, Sister

- Heart disease aged MORE than 60
Heart disease aged LESS than 60
Stroke
Diabetes
Bowel cancer
Breast cancer

For women under the age of 65

Have you had a cervical smear test within the last 3 years?

Yes Please give the date

Have you ever had an abnormal smear result?


Yes

Alcohol Questionnaire

If you are aged 16 or over, please score yourself on the questionnaire below:


This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a W.H.O. collaborative study.
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UNITS




2

Pint of Regular Beer/Lager/Cider




1.5

Alcopop or Can of Lager




2

Glass of Wine (175ml)



1

Single Measure of Spirits



9

Bottle of Wine

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

If you scored 5 or more on this short questionnaire, please also complete the full questionnaire at the end of this document. **IF YOU SCORE 8 OR MORE ON THAT QUESTIONNAIRE, PLEASE DETACH IT, BOOK AN APPOINTMENT WITH A GP AND BRING THE FULL ALCOHOL QUESTIONNAIRE WITH YOU WHEN YOU COME IN TO SEE THE DOCTOR.**

Thank you

Summary Care Record (NHS Spine)

The doctors at this practice remain unconvinced of the safety and benefits of the summary care record, which is a national electronic database of your medical history and medication.

You will be opted out unless you specifically advise us otherwise.

Allergies

Penicillin

Elastoplast

Other Please give brief details

Severe Food Allergies

Egg

Nut

Which nut?

Other

Please give brief details

Occupation:

Please tick the box that most closely matches your occupation.

- Top managers
- Management support professions
- Education/welfare/health prof.
- Literary/artistic/sports occ.
- Prof. scientists/engin/technol
- Managerial occupations
- Clerical occupations
- Selling occupations
- Security/protective services
- Catering/personal services

- Farming/fishing occupations
- Materials processors exc metal
- Making/repairing ex metal/elec
- Metal/electrical workers
- Painters/product assemblers
- Product inspectors/packers
- Construction/mining workers
- Transporting/moving/storing
- Other occupations

Please give job title

Unemployed

Student

Housewife

Retired

Is there anything else you think we should know? For example, if you have an infectious disease like Hepatitis C or AIDs. If so, please give details below.

If you normally live outside the UK, please give details of any employment or student courses and tell us how long you will remain in the UK.

All information about you that we hold is subject to the Data Protection Act of 1998.

We shall keep accurate and up-to-date records of the care that you receive and will make those records available to specialist NHS staff who are, or may need to become, directly involved in your care. All are bound by this strict code of confidentiality. Information can be shared with staff from other organisations, such as social care staff, if you give permission. Similarly, we will not share information about your condition and care with a relative, carer or friend without your permission. Information may also be used to audit and check care standards, plan local services and improve healthcare for everyone.

Further guidance on this can be obtained from the local Data Protection Officer.

Thank you for your co-operation.

Full Alcohol Questionnaire

If you scored 5 or more on the short alcohol questionnaire, please also complete this full questionnaire.
IF YOU SCORE 8 OR MORE ON THIS QUESTIONNAIRE, PLEASE DETACH IT, BOOK AN APPOINTMENT WITH A GP AND BRING THIS PAGE WITH YOU WHEN YOU COME IN TO SEE THE DOCTOR.

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UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone 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/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence