

# New patient information form

Have you ever been registered with our practice before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Family name:	Date of birth (dd/mm/yy)
First name:		E-mail:		
Home Telephone No:		Mobile No:		
Main language:		Do you need an interpreter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you opted out of the Summary Care Record?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a carer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you got a carer?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever served in the Armed Forces in the UK?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to receive SMS notifications for clinical services?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to receive email notifications for clinical services?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list any medical conditions you may have.				
Do you take any medication?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list your medications below. Please note these will need to be confirmed by your previous doctors before they can be issued.				
Do you suffer from any allergies or disabilities? (e.g. hearing problems, wheelchair access, guide dog)				
Any medical conditions in your family? (e.g. Hypertension, mother, diagnosed in 1992, aged 49)				
Who is your next of kin? (State name, address, relationship + contact details)				
Can we contact your next of kin in an emergency?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we discuss your medical records with your next of kin?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Weight:	kilograms	Height:	centimeters	
Smoking status:	Never smoked <input type="checkbox"/>	Smoker:	per day	Ex-smoker <input type="checkbox"/>

## Alcohol Use Disorders Identification Test Consumption (AUDIT C)

How often do you have a drink containing alcohol?

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

How many units of alcohol do you drink on a typical day?

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

How often have you had 6 or more units if FEMALE on a single occasion in the last year?

How often have you had 8 or more units if MALE on a single occasion in the last year?

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

What is your ethnicity? (Optional)

- White British
- White Irish
- Any other White background, please state:
- White and Black Caribbean / White and Black British Caribbean
- White and Black African / White and Black British African
- White and Asian / White and British Asian
- Any other Mixed background, please state:
- Indian / British Indian
- Pakistani / British Pakistani
- Bangladeshi / British Bangladeshi
- Any other Asian background, please state:
- Black Caribbean / Black British Caribbean
- Black African / Black British African
- Any other Black background, please state:
- Chinese / British Chinese
- Any other ethnic group, please state: