

Bridges Medical Practice

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"/>	Other: _____	Family (Last) name: _____	
First name: _____				E-mail: _____	
Home Telephone No: _____				Mobile No: _____	
Would you like to register for online access?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to receive SMS notifications & emails for clinical services?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
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"/>
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. Please ensure to get 4 weeks worth of medication from your previous GP prior to registration. 					
Do you suffer from any allergies or disabilities? <i>(e.g. hearing problems, wheelchair access, guide dog)</i> 					
Any medical conditions in your family? <i>(e.g. Hypertension, mother, diagnosed in 1992, aged 49)</i> 					
Who is your next of kin? <i>(State name, address, relationship + contact details)</i> 					
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"/>	
Would you like help stopping smoking?				Yes <input type="checkbox"/>	No <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: