



Welcome

Thank you for choosing to register with Ball Tree Surgery

www.theballtreesurgery.co.uk | 01903 752200

This is the part where you need to fill in some forms....

Perhaps you should put the kettle on and make a brew as this will probably take a little while...



We are sorry if the forms seem quite long – but we need lots of information to help set you up properly on NHS systems.

We cannot register you if we are missing certain key details so it is really important that you complete all the parts of the form that are relevant to you.

To make sure that we can register you properly first time, please make sure that you have answered ALL the questions with a blue background and ‘#’ next to them. If we are missing any information then we will give you a call.

To help you we have created this guidance pack. Look out for questions with a * next to them

What you need to do now...

- 1) Read the guidance – make sure you complete everything with a #
- 2) Complete Form – ABOUT YOU
 - Who you are / where you live
 - Wellbeing / Lifestyle / Medical History / Medication
 - Height / Weight / Blood Pressure (you can check at the surgery)

Later come to the Surgery...

- 3) Bring your ID and the completed forms to the Surgery + if applicable a list of your current medications / the white half of your latest prescription
- 4) At the surgery please complete any missing parts from Form – ABOUT YOUR HEALTH
 - Blood Pressure (we have machines in our waiting rooms)
- 5) Give the completed forms including measurements to the receptionist

Registration pathway

1. We receive your forms
2. Add basic data to add you to the clinical system as a patient
3. Set you up for online access and email you the instructions and initial passwords
4. We receive the electronic notes from your previous practice (all being well) very quickly
5. Within a few weeks we add the full set of information from your forms to your records
6. Up to two to three months later we receive your paper notes from your previous practice – we read through these and check that we have coded all the important elements into your record.

BALL TREE SURGERY REGISTRATION - KEEP ME!

Part A] Accessing Ball Tree

Ball Tree Surgery - Sompting

By phone	Monday to Friday - 01903 752 200	08:00 – 18:30
In person	Monday	08:00 – 20:00
	Tuesday – Friday	08:00 – 18:00
	Ball Tree Surgery Western Road North, Sompting, Lancing, BN15 9UX	

Ball Tree Surgery – Kingfisher Branch - Lancing

By Phone	In person	PM
By phone	Monday to Friday - 01903 752 200	08:00 – 18:30
In person	Monday, Tuesday Thursday, Friday Wednesday	08:00 – 18:00 07:00 – 18:00
	Ball Tree Surgery – Kingfisher Branch 19 – 21 Culver Road, Lancing, BN15 9AX	

Part B] GP Responsible for your care and wellbeing

Your Named GP (Office Use)

You can see any GP or Nurse at Ball Tree – however the GP responsible for your overall care will be

Dr Polly Brown	<input type="checkbox"/>	Dr Emma Campbell	<input type="checkbox"/>	Dr Gareth Chapman	<input type="checkbox"/>
Dr Shuaib Chowdhury	<input type="checkbox"/>	Dr Melanie Davies	<input type="checkbox"/>	Dr Sunil Emmanuel	<input type="checkbox"/>
Dr Christine Gnanaratnam	<input type="checkbox"/>	Dr Anja Goossens	<input type="checkbox"/>	Dr Ginny Ponsford	<input type="checkbox"/>
Dr Shona Schofield	<input type="checkbox"/>	Dr Sophie Wang	<input type="checkbox"/>	Dr Rebecca Williams	<input type="checkbox"/>
Dr Justine Younson	<input type="checkbox"/>				

Part C] Online Information

You can access us online via Website / MyGP App / NHS App

Book Appointments Request Repeat Medication Update your details

See some of your clinical records

Please note: the software that allows this is not controlled by the surgery and we cannot provide any technical support. The software works best when you have personal individual email addresses and mobile numbers. If you share contact details not all functionality will work as well as it could.

www.theballtreesurgery.co.uk

www.patientaccess.com

<https://www.nhs.uk/apps-library/nhs-app/>

<https://www.nhs.uk/apps-library/mygp/>

Part C] Self-Care

Across the UK there is pressure on all NHS Services.

Please use us wisely. Before calling us – please consider if you might first try the NHS website, calling 111 for advice, visiting your local pharmacist who will be able to provide a wide range of advice and guidance.



IDENTIFICATION

This is a legal requirement and we are obliged to ask you to provide evidence so that we can store this on your record.

EVERY PERSON AGED OVER 16 WILL NEED TO VISIT US IN PERSON WITH THEIR FORMS SO WE CAN CHECK ID WE OPEN ON MONDAY EVENINGS UNTIL 8PM IF PEOPLE NEED TO COME AFTER WORK

Types of ID

Proof of **who** you are basic requirement
Proof of **where** you live proof of entitlement to receive NHS Primary Care GP Services and residency within the Ball Tree Surgery Practice Area

We will need to see at least one item from Column A and one item from Column B

(e.g. Passport AND Recent Utility Bill) Ideally, we would like to see some Photographic ID

We are not permitted to accept the same item for both purposes, even if it appears in both columns

Column A

Column B

Who you are...

Proof of Name (at least one of the below)

Current signed passport

Original birth certificate

(UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)

Adoption Certificate.

EEA member state identity card (which can also be used as evidence of address if it carries this)

Current UK or EEA photocard driving licence

Full old-style driving licence

Photographic registration cards for self-employed individuals in the construction industry -CIS4

Signing on card or original notification letter from Benefits Agency. Dated within last 12 months

Firearms or shotgun certificate

Residence permit issued by the Home Office to EEA nationals on sight of own country passport

National identity card bearing a photograph of the applicant

HM Revenue and Customs tax assessment, statement of account, notice of coding (within past 12 months)

National Insurance Number Card

Marriage / Civil partnership certificate
Divorce/ annulment or civil partnership dissolution papers

Home Office documentation:
IS KOS EX or KOS EX2

Police Warrant Card/Fire Brigade ID Card

Where you live...

Proof of address (at least one of the below)

Utility bill issued within the last three months
Gas / Water / Electricity

Bank, Building Society or Credit Union statement or passbook (Not a credit card statement)

Current UK driving licence
(but only if not used for the name evidence)

Original mortgage statement from a recognised lender issued for the last full year

Council or housing association rent card or tenancy agreement for the current year

Signing on card or original notification letter from Benefits Agency. Dated within last 12 months.

Inland Revenue self-assessment or tax demand

Electoral Register entry. Dated within last 3 months.

NHS Medical card

TV Licence

Local authority council tax bill for the current council tax year

We are sorry that we are NOT permitted to accept any of the following:

Provisional driving licence
Mobile phone bills

Credit card statements
Library card

Video rental card
Health club card

Private rent book



We have provided guidance notes for some questions (marked with a *)
Please read the notes below **BEFORE** starting to fill in the registration form.

NOTES

- Some of the questions on this form are very personal.
- We ask them to help us get to know our patients better and to try to provide a more sensitive and personal service as we value equality and diversity.
- You will see that there is the option to ‘**prefer not to say**’ (= leave blank) for questions on Marital Status, Sexual Orientation, Gender Identity and Religion
- Please let us know about any communication or information needs that you may have
- Some questions have a # next to them – that means that we need to have an answer to make sure that we can register you on the main NHS computer.
- Please do ask us if you have any questions
- **We take data seriously.** Please see our website www.theballtreesurgery.co.uk for full details of our privacy notices. Our Data Protection Officer is Richard Newell who can be reached via primarycare@your-dpo.com

1 Sex – Answer examples

Male / Female / Intersex / Other

2 NHS Number

If you have this it helps us linking to the records at your previous surgery (where applicable)
We may require this if you are unable to provide us with sufficient other identification

3 Marital / Personal Status - Examples

Prefer not to say, Single, Divorced, Widowed, Married, Civil Partnership, Living with Partner, Other ...

4 Sexual Orientation – Examples

Prefer not to say, Straight, Heterosexual, Gay, Homosexual, Lesbian, Bisexual, Asexual, Other...

5 Gender Identity - Examples

Prefer not to say, Male, Female, Transgender, Third Gender, Genderless, Trans Man, Trans Woman

6 Ethnicity and Cultural Background - Examples

E.g. Ethnicity / Race = White	White, British	Asian, Indian
E.g. Cultural Background = British	White, Irish	Asian, Chinese
E.g. Ethnicity / Race = Black	Black, African	Mixed White, British Asian
E.g. Cultural Background = African	White, French	Mixed Black, British African

7 Religion - Examples

Prefer not to say, No Beliefs, Atheist, Christian, Jehovah’s Witness, Muslim, Jewish

8 Contacts and consents – important to read and understand

- We can send you a text when you book an appointment and up to 2 reminders.
- We use Text and Email to invite you to particular clinics and appointments – such as Flu Jabs or annual reviews for ongoing conditions
- We are also able to send occasional newsletters by email or through a text link. These are very few but are important to let you know about changes in our services that will affect you and your family.
- We provide access to our services via your computer online and also via a mobile App
- Online and App work much better if we have individual personal contacts. If you share a mobile or email address you are giving us your consent to share any of our communications with any person who has access to your devices and accounts.

We **STRONGLY** recommend that you use a personal email and mobile number rather than shared accounts e.g. jane.smith@gmail.com is better than john.and.jane@gmail.com

NOTE – We reserve the right to stop providing mobile and email communications and online services to any shared mobile or email addresses for anyone over the age of 16. To prevent future frustration and disappointment, make sure that you provide a personal individual non-shared set of contacts for us now. It is free to create a personal email address

NOTE – We are sorry that we are not able to provide online services to patients aged 12 -16

NOTE – We do ask that you keep your email and mobile details up to date with us – this is your responsibility.

9 For more information about NHS organ donation, www.uktransplant.org.uk or call 0300 123 23 23

10 For more information regarding NHS blood donation, www.blood.co.uk or call 0300 123 23 23

Thank you for reading the notes. Please let us know if you have any questions



Ball Tree Surgery – Patient Registration Form – ADULTS AGE 16 +

We have provided guidance for some questions (marked with a *) in the **GUIDANCE NOTES**.

We cannot register you unless you answer all the questions with # next to them!

TO GIVE		IF NEEDED		INFORM		VIEW ID						
Overseas Form	Military Service	Carer Form	Cared Form	Named GP Informed	Named GP Allocated	Residence ID	Utility Bill	Bank Statement	Driving Licence	Passport	Photo ID	EMIS No

Nearest Branch*: Ball Tree Sompting (✓) or Kingfisher Lancing (✓)

Your Name: Title First name Middle names Surname

Your Name

Previous last name/s (if applicable) Preferred name (if applicable)

Your current home address # Your previous home address *

Line 1		Line 1	
Line 2		Line 2	
Line 3		Line 3	
Line 4		Line 4	
TOWN		TOWN	
County		County	
Post Code		Post Code	

Please provide any special instructions for access (Key safe / door access codes etc.?)

To help us with home or emergency visit instructions, please tell us a bit more about your home. (e.g. detached / terraced / bungalow / upstairs flat / mobile home / caravan / other ...)

# Date of birth	dd / mm / yyyy	# Country of birth	(e.g. England)
# Sex* ¹		# Place of birth	(e.g. Worthing)
NHS Number * ²		# Nationality	(e.g. British)
Your marital status* ³	(e.g. prefer not to say married, single, civil partnership)	# Ethnicity* ⁶	(e.g. Black)
Sexual orientation* ⁴	(e.g. prefer not to say, straight, gay ...)	Culture* ⁶	(e.g. Caribbean)
Gender identity* ⁵		Religion* ⁷	(e.g. No beliefs, Christian, Muslim)

Home Phone Work Phone # Mobile Phone

Personal Email*

Permissions to contact you*⁸ (✓) – 8 ticks will help save the NHS - please go digital and say yes!

- | | | |
|---|---|--|
| <input type="checkbox"/> YES – Answer Phone Messages | <input type="checkbox"/> YES – Receive Texts – Clinical | <input type="checkbox"/> YES – Receive Emails – Clinical |
| <input type="checkbox"/> YES – Messages about Results | <input type="checkbox"/> YES – Receive Texts – Results | <input type="checkbox"/> YES – Receive Emails – Results |
| | <input type="checkbox"/> YES – Texts about service change | <input type="checkbox"/> YES – Emails about service change |

Important to know: If you say 'no' to any of the above you will not benefit from many of the services we can provide. **Please use personal individual contacts as anyone who can see your email or phone can see what we send out. This is your responsibility.** NOTE: We reserve the right to stop providing mobile and email communications and online services for non-individual personal contacts for anyone over age 16 at any time.

Main spoken language

Do you need an interpreter	Yes/No	If yes, Language	(e.g. as above / different)
Are you hearing impaired	Yes/No	If yes, details	(e.g. use BSL / Lip Read / Sign interpreter / hearing aid)
Are you visually impaired	Yes/No	If yes, details	(e.g. large print)
Are you registered blind	Yes/No	If yes, details	(e.g. use Braille)
Are you registered disabled	Yes/No	If yes, details	
Do you use a wheel chair	Yes/No	If yes, details	(please ask for ground floor appointments)
Do you have an advocate	Yes/No	If yes, details	

If you have a disability that has a substantial effect on your ability to carry out normal day-to-day tasks, please describe anything you use to help with your mobility, hearing, speaking or understanding? Please state any treatments you cannot have for religious reasons

Please do come and talk to us about any particular needs you may have – such as learning disability etc.

We need to trace your medical records
Your previous GP & Surgery address

GP's name

Surgery name

Line 1

Line 2

Line 3

TOWN

County

POST CODE

Please let us connect you to support
Care... if yes, (✓)

Are you a carer?

Do you have a carer?

If **yes** to either of the above, please provide further details on our
Carer and Cared For Forms

Are you recently Ex-Military? (✓) Yes No

If you answered 'Yes' you will also please need to complete the EX-Military Form

Are you ORDINARILY RESIDENT in the UK? (✓) Yes No

If you answered 'No' you will also please need to complete the NHS Residency Form

If you are NOT native British, date you first came to UK?

If you are returning from Abroad: Date you left UK

From where: Date you re-entered UK

ONLINE Patient Services (via a Secure clinical system called EMIS Patient Access)

Once this registration form has had all its data entered on to the computer we can give you access to online services such as booking appointments, ordering medication, changing your details etc. It will really help us if you book your non-urgent GP appointments and Blood Tests online. If you tick yes below, we will send you an email with instructions and passwords to help you go online. We **STRONGLY** recommend that you give us a personal email address and mobile that is not shared. If you share an email then you are giving us your permission for us to email you and whoever you share the email with the password access to your online records. Sharing an email address and mobile often causes technical complications and reduces the service effectiveness. We do NOT control the IT systems / website / App functionality and we are sorry but we cannot provide technical support.

Online Access (✓) Yes (YOU WILL NEED A PERSONAL EMAIL ADDRESS)

APP Access Book appointments and more from your mobile phone iOS and Android

You have access to the 'MyGP App' which you can download from Apple App Store or Google Play Store or go to www.ilovemygp.com. The App just requires your mobile number and date of birth to get started. If you also have the Online Patient Access you can also link your details into the App and you will then be able to order medication from your phone. There is also an NHS App. There will be more functionality coming in future...

Paperless Prescriptions (EPS) – IMPORTANT – ALL prescriptions will soon be electronic

Requests for repeat medicine are processed by reception and GPs at both our sites. Please sign up for Electronic Prescriptions which means that your prescription goes directly to a pharmacy. You still need to order prescriptions yourself in person via a paper form or via online access or our App.

Cokeham Rowlands Gills Boots Wilmshurst (✓)
 Other

Your 'Next of Kin'

Title	Home Phone
Forename	Mobile
Surname	Address
Relationship	

Your 'emergency contact' - If they are your next of kin, write SAME AS ABOVE

Title	Home Phone
Forename	Mobile
Surname	Address
Relationship	

Consents for us to support care ...

1) Permission for us to leave a telephone message / let someone know patient is in the surgery

2) Permission for us to talk with specific people about your medical information

Talk with a Clinician about you and your records

Order your repeat medications

Have access to the lists of your medications

Book and change your appointments

Have access to your medical records

Have access to your test results if they ask

You can change your mind at any time – you MUST let us know so that we can update your record.

It is your responsibility to keep all your information with us up to date

Your Agreements

I agree that Ball Tree Surgery can

Leave brief messages about me with... (✓)

My Carer

My Next of Kin

My Emergency Contact

Other... _____

Share information in my medical records with... (✓)

My Carer

My Next of Kin

My Emergency Contact

Other... _____

Summary Care Records (SCR)

Everyone has a Summary Care Record which provides only very basic information about your medical history to medical colleagues in emergency situations, such as an Accident and Emergency Department. With your permission it is also possible for important additional information to be shared with colleagues in other health organisations such as your medical problems, medications and care plans. This is called an Advanced Summary Care Record and we recommend it.

I would like to have a Summary Care Record (✓)

recommended **Yes**

Please note, if you do not say yes above, NHS staff caring for you may not be aware of your current medications or allergies you have. Please only sign below if you do NOT want an SCR and that you understand the consequences if you are in an emergency situation.

I do **NOT** want a Summary Care Record

Sign here (not recommended) _____ dd / mm / yyyy

I would like to have an Advanced Summary Care Record (✓)

Yes

An advanced record allows ALL coded information to be shared across NHS organisations at the point of care. Think carefully about this. It could be very useful however, there may be parts of your coded notes that you would like to remain just within the GP practice. If you have more complex conditions or if you are older this may be a useful option though.

I do **NOT** want a Summary Care Record

Sign here (not recommended) _____ dd / mm / yyyy

NHS Organ Donation Register – please tell your family - (✓)

Any organs or tissues (✓) yes **OR** Kidneys yes Heart yes Liver yes Corneas yes Lungs yes pancreas yes

If you **do not** want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donation Register - (✓)

Please tick if you would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Blood Donor Register

 yes

Tick here if you have given blood in the last 3 years

 yes

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23

Please don't forget to sign this section!

Your Signatures

I have read the notes and understand the services and consents that I have indicated.

I agree that if I have provided any shared contacts for mobile and email that I understand that Ball Tree may send personal information about me to anyone who can access my devices and accounts.

I confirm that my personal information is correct and that I am entitled to receive NHS Primary Care

I confirm that I want to be an organ donor / be contacted about blood donation if I have ticked above

Signed

Dated

_____ dd / mm / yyyy

Signatory

My signature

(✓)

Signature on behalf of patient

(✓)

If on behalf of patient – Your name

How do you rate your experience filling in this form?



(please circle)

How long did it take for you to fill in this form?

_____ minutes

Why did you choose Ball Tree?

H82065 – Ball Tree Surgery



Ball Tree Surgery – Patient Registration – ADULTS AGE 16 +

CONFIDENTIAL HEALTH & WELLBEING QUESTIONNAIRE

Life at home – Who is in your household?

To help us let you know about services that might be relevant to you and the people you live with. Please tick the box IF the person is registered with or going to be with us at Ball Tree

First Name/s + Surname/s	Date/s of birth	Relationship to you		Children
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z
	/ /		<input type="checkbox"/>	<input type="checkbox"/> X / Z

How many children do you have? Please mark with an X if any of above are your children

If you are female, how many births? Please mark with an Z if you gave birth to any of those above

Life at work / retirement / seeking work / study

If you are working we have appointments in the early morning and in the evening
 We have a community referrer for support with engaging with the community and help with finance, housing and employment and education – please ask a GP to refer you.
 Please answer only those questions which are relevant to you.

Please select which of the following is / are most appropriate for you (✓)

Employed Full-time or Part-time If P/T Hrs / Week hours

Self Employed Full-time or Part-time If P/T Hrs / Week hours

If working, your current occupation

Not employed Seeking Work or Not Seeking Work

Student Full-time or Part-time

Retired Previous occupation _____

Medication

Please make sure that you bring the white right-hand-side of a recent prescription if you need medication. You will need an appointment with a GP before accessing medication. Please ensure you have enough medicine from your previous practice – they have a duty of care to support you for 28 days after you have left.

About your medical history (✓)

It can sometimes take a long time for us to receive and then process the medical records from your previous surgery. It is important for you to let us know about your current and significant past medical issues as soon as possible. For many of the conditions below we will invite you to a review appointment each year

Medical condition	Yes	(✓)	Yes	(✓)	Yes
Asthma	<input type="checkbox"/>	Epilepsy / Fits	<input type="checkbox"/>	Nervous Disorders	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Pre-Diabetes	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Depression	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>
Diabetes – Type 1	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>
Diabetes – Type 2	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Diseases from birth	<input type="checkbox"/>	Mental Health issues	<input type="checkbox"/>	TB Tuberculosis	<input type="checkbox"/>

If you have one or more of the conditions above we recommend a regular review. Usually we send out an invitation to come to see us around the month of your birthday. If you have not had a review in the last year and if you don't receive an invitation within a couple of months of joining us and if your birthday has passed, please call us. Our 'yearly' reviews go from April to March.

Current medical issues**For how long (approx.)**

Significant past medical issues**When (approx.)**

Allergies

We need to know about any allergies, sensitivities or intolerances that you have. These could be to food, substances, pets or medicines. An allergy is when you have serious medical reaction when in contact with a substance. It is not when you have a dislike of something or a preference against something.

Reaction to**Effect it has on you**

Height M / ft**Weight** KG / St**Blood Pressure** (machines in waiting rooms) / **About FAMILY HISTORY**

It can be important to know if your close family have had any of the following conditions - if you are not sure then leave blank. Close family means a direct relation such as a parent, their siblings or grandparent.

Medical condition**WHO****Medical condition****WHO**

Asthma

High Blood Pressure

Cancer

Kidney Disease

COPD

Nervous Disorders

Diabetes – Type 1

Mental Health Issues

Diabetes – Type 2

Rheumatic Fever

Diseases from birth

Skin Disease

Epilepsy / Fits

Stroke

Glaucoma

TB Tuberculosis

Heart Attack

About YOUR LIFESTYLE

It is really important for us to know about smoking and alcohol usage

NHS England **REQUIRES** us to ask **ALL** Patients questions on smoking and alcohol

Please make sure that you tell us whether or not you are a smoker and how many units of alcohol you have each week.

Smoking Status

Current smoker Ex-Smoker Never smoked (✓)

If you answered **Current smoker** or **Ex-Smoker** – carry on – if **never smoked** – move to next question

When did you start smoking? _____ (date / year)

If ex-smoker when did you stop? _____ (date / year)

Approximately how many per day? (circle) *cigarettes / pipe / roll-ups / cigars*

If you are a current smoker, would you like help with stopping? Yes No (✓)

If you ticked **yes** – and you are interested in quitting smoking and would like support and or nicotine replacement therapy, please book an appointment with a Health Care Assistant.

It is important to complete the next section about alcohol.

For ALL Patients continued:

About ALCOHOL

Part I (if you score more than 5, please complete the questions overleaf)

It is important for us to have up-to-date information about the alcohol you drink – even if you don't drink at all or only drink very occasionally. Please be open with your answers, we are not going to judge you!

A standard unit of drink:

- = half a pint of regular strength beer
- = 1 small glass of wine
- = 1 shot of spirits

- So if you have a **couple** of pints that is **4 Units**
- If you have a **large** glass of wine that is **2 Units**
- Or if you have a double Gin and Tonic it is **2 Units**

If you have a 3 pints of beer twice a week that is likely to be 12 Units Per week

If you have a couple of large glasses of wine 3 times per week that will likely be 12 Units Per Week



½ Pint **1 Small** **1 Single** **1 Small** **1 Single**
Beer / Lager / Cider **Glass of wine** **Measure of Spirits** **Glass Sherry** **Measure Aperitif**

How many units of alcohol do you drink each week? Number > Units/ Week

Q2 – tick the box that applies to you then write the score on the right (✓) + Score

How often do you have a drink that contains alcohol?

- Never = 0
- Monthly or less = 1
- Two to four times per month = 2
- Two to three times per week = 3
- Four or more times per week = 4

My Score

 Out of 4 **A**

Q3 – tick the box that applies to you then write the score on the right (✓) + Score

How many units of alcohol do you have on a typical day when you are drinking?

- Never or One or Two = 0
- Three or Four = 1
- Five or Six = 2
- Seven or Eight = 3
- Nine or Ten = 4

My Score

 Out of 4 **B**

Q4 – tick the box that applies to you then write the score on the right (✓) + Score

How often do you have six or more Units on one occasion in the last 6 months? (3 Pints)

- Never = 0
- Monthly or less = 1
- Two to four times per month = 2
- Two to three times per week = 3
- Four or more times per week = 4

My Score

 Out of 4 **C**

ONLY if you score above 5
Please complete About Alcohol Part II (at end of form)

Total Score /12 **A + B + C**

About Alcohol – Part II - ONLY Complete if you scored above 5 on Part I

[5] How often during the last year have you found that you were not able to stop drinking once you had started? (✓) + Score

Never	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	D
Monthly or less	<input type="text"/>	= 1		
Two to four times per month	<input type="text"/>	= 2		
Two to three times per week	<input type="text"/>	= 3		
Four or more times per week	<input type="text"/>	= 4		

[6] How often during the last year have you failed to do what was normally expected from you because of drinking? (✓) + Score

Never	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	E
Monthly or less	<input type="text"/>	= 1		
Two to four times per month	<input type="text"/>	= 2		
Two to three times per week	<input type="text"/>	= 3		
Four or more times per week	<input type="text"/>	= 4		

[7] How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? (✓) + Score

Never	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	F
Monthly or less	<input type="text"/>	= 1		
Two to four times per month	<input type="text"/>	= 2		
Two to three times per week	<input type="text"/>	= 3		
Four or more times per week	<input type="text"/>	= 4		

[8] How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	G
Monthly or less	<input type="text"/>	= 1		
Two to four times per month	<input type="text"/>	= 2		
Two to three times per week	<input type="text"/>	= 3		
Four or more times per week	<input type="text"/>	= 4		

[9] How often during the last year have you been unable to remember what happened the night before because you had been drinking? (✓) + Score

Never	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	H
Monthly or less	<input type="text"/>	= 1		
Two to four times per month	<input type="text"/>	= 2		
Two to three times per week	<input type="text"/>	= 3		
Four or more times per week	<input type="text"/>	= 4		

[10] Have you or somebody else been injured as a result of your drinking? (✓) + Score

No	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	I
Yes, but not in the last 6 months	<input type="text"/>	= 2		
Yes, During the last 6 months	<input type="text"/>	= 4		

[11] Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? (✓) + Score

No	<input type="text"/>	= 0	My Score <input type="text"/> Out of 4	J
Yes, but not in the last 6 months	<input type="text"/>	= 2		
Yes, During the last 6 months	<input type="text"/>	= 4		

My Total Score / 40 **Sum A to J**

IF your score for Part 1 and 2 is greater than 7 out of 40 , please book an appointment with a GP