**THE GREYSWOOD PRACTICE NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE**

*The information given in this questionnaire will help the healthcare team to make an initial assessment of your health which will help in your future treatment. NHS Health checks may be given based on the answers given.*

CONTACT DETAILS

Name:

Date of Birth:

Home telephone:

Mobile:

*The practice operates a SMS reminder service. If you do not wish to be part of this service please tick here [ ]*

Email address (block capitals):

**ETHNIC ORIGIN**

[ ]

White British

[ ]  White Irish

[ ]  White Scottish

[ ]  Other white

[ ]  Black Caribbean

[ ]  Black African

[ ]  Black British

[ ]  Black other/mixed

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Other Asian

[ ]  Ethnic group not given

**LANGUAGE**

Please state your first/main language:…………………………………….

Do you require an interpreter? [ ]  Yes [ ]  No

What is the best way to send you information?

[ ]  Telephone

[ ]  Text relay

[ ]  SMS

[ ]  Letter

[ ]  Email

[ ]  Other:

**EMERGENCY SUMMARY CARE RECORD**

*The ESCR is a national record system that holds vital information about you. Only details of medication, allergies and adverse reaction will be accessible. If you attend an A&E department or another surgery they can access this information with your consent.*

Please tick the box if you DO NOT want to give consent [ ]

**NEXT OF KIN**

|  |  |
| --- | --- |
| Relationship to patient:  | Gender:  |
| Title:  | Mobile number:  |
| Given Name:  | Address:  |
| Family Name:  | Are they your carer?  |
| Name of Mother and Father if under age of 18 : - Mother- Father-  | Contact details for parents  |

**ALCOHOL CONSUMPTION**

**If not applicable please tick the box.** [ ]

This is one unit of alcohol:



|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**SMOKING STATUS**

**If not applicable please tick the box.** [ ]

*If you would like advice on how to stop smoking, please see the leaflet attached in your information pack*

Please indicate your smoking status:

[ ]  Never Smoked

[ ]  Smoker

[ ]  Ex-smoker

Date stopped smoking:

Please indicate amount you smoke/smoked:

Cigarettes [ ]/day

Cigars [ ]/day

 Pipe [ ]g/week

 Roll ups [ ]g/week

**CARERS**

Do you need / have anyone who looks after you or your daily needs as Carer?

[ ]  Yes

[ ]  No

If *Yes*, would you like them to deal with your health affairs here?

[ ]  Yes

[ ]  No

Do you care for anyone else? *If yes, please ask the receptionist about Carers support*

[ ]  Yes

[ ]  No

**ACCESSIBLE INFORMATION STANDARD**

Do you have difficulty hearing, need hearing aids or need to lip-read what people say?

[ ]  Yes

[ ]  No

Do you have difficulty with memory or ability to concentrate, learn or understand?

[ ]  Yes

[ ]  No

Do you have difficulty speaking or using language to communicate or make your needs known?

[ ]  Yes

[ ]  No

Do you have any special communication requirements/require specific communication support?

[ ]  British Sign Language

[ ]  Makaton sign language

[ ]  Tadoma sign language

[ ]  Lip reading

[ ]  Manual or electronic note taker

[ ]  Speech to text reporter

[ ]  Deafblind intervener

[ ]  Loop system

[ ]  Other:

[ ]  N/A

Do you need a format other than standard print?

[ ]  Braille

[ ]  Easy Read

[ ]  Large print e.g. at least 20 point font

[ ]  Electronic audio format e.g. MP3 or disk

[ ]  N/A

Do you need an assistance of Communication Professional?

[ ]  Interpreter for Deafblind People

[ ]  BSL Interpreter

[ ]  Makaton interpreter

[ ]  Tadoma interpreter

[ ]  Lipspeaker

[ ]  Notetaker

[ ]  Sign Language Translator

[ ]  Speech to Text Reporter

[ ]  Other:

[ ]  N/A

Do you need an advocate? (Someone who will support you to communicate or to express your point of view)

[ ]  Yes

[ ]  No

***Thank you for completing this questionnaire***