**Hartwood Healthcare**

**New Patient Registration Form**

|  |  |
| --- | --- |
| **Title:** (please circle) Mr Mrs Miss Ms Mx |  |
| **Surname:** | **Previous Surname:** |
| **First Names:** |  |
| **Date of Birth:** | **Place of Birth:** |
| **Address:** | **Telephone Number:**  **Email Address:** |

**Next of Kin**

|  |
| --- |
| **Please give name:** |
| **Relationship to you:** |
| **Contact Telephone Number:** |

**What is your Ethnic background? (Please tick box)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British Group |  | Irish |  | Other |  |
| **Mixed** |  |  |  |  |  |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian or Asian British** |  |  |  |  |  |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British** |  |  |  |  |  |
| Caribbean |  | African |  | Other |  |
| **Chinese or other ethnic group** |  |  |  |  |  |
| Chinese |  | Any other |  |  |  |

**Do you require an Interpreter? YES NO**

(Including British Sign Language BSL, please circle)

If **YES**, please give details e.g., Language

**Smoking**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Please Tick Box | Avg.Number smoked per day | Year/Age started | Year Stopped |
| Never Smoked |  |  |  |  |
| Smoker |  |  |  |  |
| Ex-Smoker |  |  |  |  |

**Alcohol Consumption** (please circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questions | **Scoring System** | | | | |
|  | **0 1 2 3 4** | | | | |
| How often do you have of drink containing alcohol? | Never | Monthly or less | 2-4 times/month | 2-3 times/week | 4+ times/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 units if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

Thank you for registering with Hartwood Healthcare. Please take time to read the enclosed Practice Information Leaflet and the leaflet about how we oversee your information.