

# Cutlers Hill Surgery

## NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

### To the Patient:

*To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.*

Surname: ..... Forename(s): .....

Date of Birth: ..... Marital status: .....

Address: .....

..... Postcode: .....

Special instructions for entry (i.e. keycode) if a home visit is required:.....

.....

Home tel: ..... Mobile: .....

Occupation: .....

Weight (approx): ..... Height: .....

Next of Kin: ..... Relationship: .....

Next of Kin Contact Details: .....

Date of completion of this form: .....

### Would you like to use our online services?

Book/cancel appointments and order repeat medication Yes/No

If **YES** please bring in up to date Photo ID e.g. passport or Driving Licence

### SMOKING

Do you smoke? Yes / No

If Yes, how many:

Cigarettes per day ..... Cigars per day..... Ounces of tobacco per day .....

How old were you when you started smoking? .....

If No have you ever smoked? Yes/No

### EX-SMOKERS

How old were you when you stopped smoking? .....

### PASSIVE SMOKING

Are you exposed to smoke at work? Yes / No At home? Yes / No

## ALCOHOL

### Guide to alcohol use

Pint of Regular Beer/Lager/Cider = 2 units

Alcopop or Can of Lager = 1.5 units

Glass of Wine (175ml) = 2 units

Single measure of Spirits = 1 unit

Bottle of Wine = 9 units

QUESTIONS	Please circle below the answers that apply to yourself				
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you found you were not able to stop drinking once you had started?	Never	less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		yes, but not in the last year		Yes, during the last year

**EXERCISE**

Do you take regular exercise? Yes / No

If yes, what sort of exercise? .....

How many times per week? .....

**FAMILY HISTORY**

Is there any of the following in your family (*father, mother, brother, sister etc.*) before age of 65?

Heart Disease (heart attacks, angina) Yes / No Which family member? .....

Stroke? Yes / No Which family member? .....

Cancer? Yes / No Which family member? .....

Site of cancer? .....

Diabetes? Yes/No Which family member?

**MEDICAL HISTORY**

Do you suffer from or have you had any of the following (*please circle*) and do you know the onset date?

Asthma COPD Angina Diabetes Epilepsy Depression

Heart Problems High Blood Pressure Stroke Dementia

**ACCESSIBLE INFORMATION STANDARD**

Do you have any information and/or communication needs if you do please indicate below?

.....

.....

**ALLERGIES**

Are you allergic to any substances or foods? Yes / No

If yes, please give details:

.....

.....

**CARERS**

Are you a Carer? Yes / No

Do you have a Carer? Yes / No

**ETHNICITY (*please tick appropriate box*)**

White British  Black/Black British  Asian/Asian British

Chinese  Other ethnic group please state what .....

