

**Please fill out ALL questions on all pages with as much information as possible. We will not receive your medical records for about 6 weeks.**

First Name(s)			
Surname:		Male / Female	Date of Birth:
Address:			
Home Tel:		Work No:	
Mobile Tel:		E-Mail:	

<p>The Practice is committed to improving our services. It is vital that we hear from patients about their experiences, views and ideas. For an Opportunity to be informed of up to date development and to express your views. Please indicate your interest in becoming involved in the Practice Patient Participation Group.</p>	
<p>Yes, I am Interested in becoming involved in the Practice Patient Participation Group (Please tick the 'Yes' box)</p>	<p>Yes <input type="checkbox"/></p>

Consent to leave telephone message	Yes / No	Are you happy to receive texts to remind you of booked appointments?	Yes / No
Name of next of kin:		Next of Kin – Relationship to you?	
Next of Kin - Contact Details:			

<b>Ethnic Group</b>	White British		White Other (please state)	
	Asian or Asian British - Bangladeshi		Asian or Asian British – Pakistani	
	Asian or Asian British - Indian		Asian or Asian British - Other	
	Black Caribbean		Black African	
	Black Other (please state)		Other (please state)	

<b>Main Language Spoken</b>	
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<b>Nominated Pharmacy (for prescriptions)</b>	
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**Derby Road Surgery and Pinewood Surgery 15 years and over New patient questionnaire**

<b>Smoking Status</b>	Smoker / Never Smoked / Ex-Smoker/Quit (No of years since quitting.....)
If yes what and how much	Pipe / Cigar / Cigarettes / Roll-ups Quantity (per day) .....
If you would like help and support to quit smoking our team can help you. There is also a FREE quit smoking Helpline Tel: 0800 022 4332 or visit <a href="http://www.smokefree.nhs.uk">www.smokefree.nhs.uk</a> . Would you like to be referred for help to stop? YES <input type="checkbox"/>	

<b>What is your most recent height?</b>	
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<b>What is your most recent weight?</b>	
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<b>What was your last blood pressure reading?</b>	
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<b>Do you have any allergies?</b>	
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<b>Are you a carer?</b>	Name: Relationship: Contact Details:
<b>Do you have a carer?</b>	Name: Relationship: Contact Details:
<b>Are you permanently housebound?</b>	If so, why?

**Has anyone in your family ever suffered from:.**

	Yes	No	Family member	age of diagnosis	
Diabetes					
Heart Disease					
Stroke					
High Blood Pressure					
Asthma					
Cancer			Family member	age of diagnosis	type

**ALCOHOL**

How many units of alcohol per week do you drink?


**UNITS**



QUESTIONS	0	1	2	3	4	Your score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 + times a week	
2. How many drinks containing alcohol on a typical day when you are drinking?	1-2 (score 0)	3-4 (score 1)	5-6 (score 2)	7-9 (score 3)	10+ (score 4)	
3. How often do you have six or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

**If your total score on questions 1-3 is more than 5 please carry on with the next questions**

4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor or other health care worker been concerned about you drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

If your score is above 8 please make an appointment to discuss your alcohol use or [www.nhs.uk/Livewell/alcohol](http://www.nhs.uk/Livewell/alcohol)

***If you are on any medication please attach a copy of your repeat prescription list from your previous surgery.***