NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

(NB all information supplied will be recorded in your confidential medical records)

Surname: ………………………………………Forename(s): ……………………………………

NHS number (if known):............................................................................

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

Address: ………………………………………………………………………………………………

……………………………………………………………….…………Postcode: ....…………..….

Home tel: ……………………………… Mobile (if aged 16 and over): ………………………….

Ethnicity: ………………………………………………………………………………………………

Gender: ……………………………………………………………………………………………….

**Language preference: English / Welsh (*please delete as appropriate)***

**Do you require a translator? \*Yes/No (please delete as appropriate)**

**Language understood ?** ………………………………………………………….

Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare?

**\*Yes/No (please delete as appropriate)**

We have an electronic method of contact available for patients to contact the surgery for non-urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?

**\*Yes/No (please delete as appropriate)**

Email address: …………………………………………………………………………………………

**Are you an Asylum Seeker or Refugee ? \*Yes/No (please delete as appropriate)**

Place of birth: ……………………………… Country of origin: …………………………………

Please state the date that you first entered the UK \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

**Smoking**

Do you smoke?

Yes / No / Ex-Smoker / User of Vape or E-Cigarette **(please delete as appropriate)**

If *Yes*, how many: Cigarettes per day …….. Ounces of tobacco per day ……..

**ADVICE:** If you smoke, please see [**www.helpmequit.wales**](http://www.helpmequit.wales) stop smoking advice and support

**Alcohol**

For the following questions please answer to the best of your knowledge: We have provided a basic guide to alcohol content below to assist your completion:

*A pint of 5.2% strength lager/beer/cider contains 3 units A standard 70cl bottle of spirits contains 28 units*

*A standard (175ml) glass of wine contains 2 units A single small shot of spirits (25ml) contains 1 unit*

*A pint of 3.6% strength lager/beer/cider contains 2 units A 750ml bottle of wine contains 10 units*

* Follow the link below to access more information including a guide to calculating your alcohol intake - Alcohol units - NHS (www.nhs.uk)
* Or you can use Alcohol Change’s calculator - https://alcoholchange.org.uk

**How many units of alcohol do you drink a week? ………………………………**

**ADVICE:** If you are consuming over 14 units per week, please see [**www.drinkaware.co.uk**](http://www.drinkaware.co.uk) for alcohol consumption advice

**Height and Weight**

Please tell us your most recent measurements for the following (if known)

**Height: ………………………..**

**Weight: ……………………….**

**ADVICE:** Please calculate your **BMI** at **111.wales.nhs.uk/LiveWell/BMIcalculator/** If your BMI is under 18.5 and over 24.9, please see 111.wales.nhs.uk/livewell for lifestyle advice

*Please note, we may contact you to offer you support or advice if appropriate based on your submission.*

**Please state your next of kin** (to be contacted in an emergency)

Surname: ………………………………………Forename(s): ……………………………………

Telephone Number: ………………………………

Relationship to you: …………………………………………

***NB: The following information you supply may assist us to provide good care for you whilst we wait for your previous medical records.***

**Family History**

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

Heart Disease? *Yes* / *No* which family member? ………………………….

Stroke? *Yes* / *No* which family member? ………………………….

Cancer? *Yes* / *No* which family member? ………………………….

Site of cancer? …………………………………………………………………………………….

**Medication**

Please give details of any medication which you take (prescribed or otherwise):

|  |  |
| --- | --- |
| **Name of drug** | **Dosage** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* Please attach or forward us your most recent repeat medication slip if you have one.

**Allergies**

Do you have any allergies? *Yes*/*No*

If *Yes*, please give details:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**Past Medical History**

Please give details of any treatments/medical conditions:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

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…………………………………………………………………………………………………………….

**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**

*(A member of reception staff can help with these arrangements)*

Do you care for anyone else? **Yes/No**

*(If Yes, please ask the reception staff about Carers support)*

**Military Veteran**

Have you ever served in the Armed Forces?  **Yes/No**

**Communication**

Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………**

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

**ADVICE – QR CODES**

|  |  |  |
| --- | --- | --- |
| **STOP SMOKING** | **ALCOHOL** | **WEIGHT** |

**OFFICE USE:**

* **SMOKING:** If a smoker, CODE AS: **8CdB**. *‘Stop smoking service opportunity signposted’*
* **ALCOHOL:** If consuming over 14 units per week, CODE AS: **8CdK**, *‘Specialist alcohol treatment service signposted’*
* **WEIGHT:** If BMI is under 18.5 and over 24.9 then CODE AS: **8CdC**. *‘Weight management service signposted’*