

Registration Checklist

Please can you fully complete the attached registration forms, and return to the surgery as soon as possible.

When completing your forms, please ensure that you have entered your **NHS number** and the **date that you first came to live in the U.K** (if you were born outside of the U.K).

Once you have fully completed your registration forms, please return them to the surgery with the following **original forms of I.D:**

	Received by staff member: (Please initial)
Passport / Birth Certificate	
Visa (If born outside of the E.U)	
Utility Bill / Bank Statement (As proof of address)	
NHS card / number	

Please note: We will not accept a completed registration form without the above listed identification.

Please contact reception if you have any queries regarding the above information.

In order to complete your registration process, you will need a new patient health check with our Health-Care Assistant. Please ensure you book this with Reception.

FOR ADMIN USE ONLY

	Please tick to confirm entered onto EMIS
Registered onto EMIS	
Ethnicity	
Smoking Status	
FAST alcohol score	

New Patient Questionnaire

Our doctors would like to invite you to fill in this questionnaire. Some of this information will go on to our clinical computer systems. This information will be treated with the utmost confidentiality.

Personal Details	
Name	
Address	
Post Code	
Date of Birth	
Telephone Number	
Mobile Number	
Email Address	

Height	
Weight	

Past Medical History (please circle)		
Asthma – YES	Epilepsy – YES	High Blood Pressure – YES
Heart Problems – YES	Please Detail:	
Diabetes – YES	Diet Controlled/ Insulin Controlled (Type 1) / Diet and tablets (Type 2)	
Please detail any other significant past medical history that you feel we should be informed of?		

Family History		
Please detail any significant family history that you feel we should be informed of? (e.g. Asthma, Diabetes, Epilepsy, Stroke, Heart Attack)		Condition
	Mother	
	Father	
	Brother	
	Sister	
	Aunt	
	Uncle	
	Grandmother (Mothers Side)	
	Grandfather (Mothers Side)	
	Grandmother (Fathers Side)	
	Grandfather (Fathers Side)	

Life Style Questions	
Do you smoke cigarettes?	YES / NO
If yes, how many cigarettes per day?	
Do you smoke tobacco?	YES / NO
If you smoke would you like smoking cessation advice?	YES NO
If you are an ex smoker, what year did you give up?	
Do you drink alcohol?	YES / NO
If yes, how many units per week?	

How would you describe yourself?

White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
Any other white background		Asian or Asian British – Any other Asian Background	
Mixed – White & Black Caribbean		Black or Black British - Caribbean	
Mixed – White & Black African		Black or Black British - African	
Mixed – White & Asian		Black or Black British – Any other black background	
Mixed – Any other mixed background		Other Ethnic Groups – Chinese	
Asian or Asian British - Indian		Other Ethnic Groups – Any other ethnic group?	
Prefer not to state ethnicity			

First Language spoken	
Can you speak English	
Do you require an interpreter?	YES / NO

Thank you for your cooperation

FAST

Please complete this questionnaire by circling your answer.

Questions	Scoring system					Your score
	0	1	2	3	4	
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	