

GREAT WESTERN SURGERY
NEW PATIENT HEALTH QUESTIONNAIRE

PATIENT DETAILS

TITLE MR MRS MISS MS

DATE OF BIRTH

FIRST NAME

SECOND NAME

SURNAME

PREVIOUS SURNAME

ADDRESS AND CORRESPONDANCE

HOME ADDRESS

TELEPHONE NUMBER

MOBILE NUMBER

PREVIOUS GP

NAME AND ADDRESS OF PREVIOUS GP

ETHNICITY RECORDING

WHICH ETHNIC GROUP DO YOU BELONG TO

WHITE BRITISH

IRISH

OTHER WHITE BACKGROUND

BLACK CARIBBEAN

AFRICAN

INDIAN

PAKISTANI

CHINESE

MIXED – WHITE AND BLACK CARIBBEAN

MIXED – WHITE AND BLACK AFRICAN

MIXED – WHITE AND ASIAN

BANGLADESHI

LANGAUGE SPOKEN

WHAT DO YOU CONSIDER TO BE YOUR FIRST LANGAUAGE SPOKEN?

MEDICAL HISTORY

HAVE YOU EVER SUFFERED FROM OR DO YOU HAVE A HISTORY OF

EPILEPSY	YES OR NO	DIABETES	YES OR NO
HIGH BLOOD PRESSURE	YES OR NO	DEPRESSION	YES OR NO
HEART ATTACK/STROKES	YES OR NO	ASTHMA	YES OR NO
CANCER	YES OR NO	CORONARY HEART DISEASES	YES OR NO
ECZEMA/HAY FEVER	YES OR NO	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	YES OR NO

IS THERE A FAMILY HISTORY OF ANY OF THE FOLLOWING?

Please indicate which member of your immediate family has the history

EPILEPSY	YES OR NO	DIABETES	YES OR NO
HIGH BLOOD PRESSURE	YES OR NO	DEPRESSION	YES OR NO
HEART ATTACK/STROKES	YES OR NO	ASTHMA	YES OR NO
CANCER	YES OR NO	CORONARY HEART DISEASES	YES OR NO
ECZEMA/HAY FEVER	YES OR NO	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	YES OR NO

IF YOU ARE CURRENTLY TAKING ANY MEDICATION PLEASE LIST BELOW INCLUDING DOSAGES AND THE AMOUNT TAKEN

--

ARE YOU REGISTERED DISABLED

YES OR NO?

ARE YOU A CARER OR HAVE YOU GOT A CARER

YES OR NO?

ARE YOU ALLERGIC TO ANYTHING

YES OR NO

DO YOU SMOKE

YES - HOW MANY CIGARETTES/TOBACCO DO YOU SMOKE?

NO

IF YOU HAVE STOPPED SMOKING WHEN DID YOU STOP

IF YOU ARE A SMOKER WOULD YOU LIKE ADVICE ON GIVING UP?

ALCOHOL PART ONE

Please complete firstly the audit below

Alcohol Users Disorders Identification Test (AUDIT) C

QUESTIONS	0	1	2	3	4	YOUR SCORE
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	



Scoring: A total of 5+ indicates hazardous or harmful drinking.




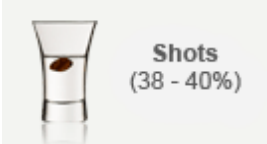


ALCOHOL PART TWO – Now consider the number of Units per week you drink

Calculating units

We measure the alcohol content of a drink in units

To help you out, the table below gives you an idea of the number of units in different drinks, based on typical alcoholic strengths. **Please tick any box of any drink that you consume per week. For example if you drink 4 pints of lager put 4 ticks.**

 <p>'Low Alcohol' drinks 2%</p>	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre	
	Beer, Lager & Cider at 2%	0.7 units	0.9 units	1.1 units	2 units
 <p>Beer, Lager & Cider</p>	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre	
	4%	1.3 units	1.8 units	2.3 units	4 units
	5%	1.7 units	2.2 units	2.8 units	5 units

6%	2 units	2.6 units	3.4 units	6 units
	Bottle (330ml)	Can (440ml)	Pint (568ml)	Litre
Beer, Lager & Cider at 9%	3 units	4 units	5.1 units	9 units
	1 bottle (275ml)	-	-	-
-	1.4 units	-	-	-
	Small measure (25ml)	Large measure (35ml)	Small double measure (50ml)	Large double measure (70ml)
Gin, rum, vodka & whisky	1 unit	1.4 units	1.9 - 2 units	2.7 - 2.8 units
	Small measure (25ml)	Large measure (35ml)		
Tequila, Sambuca	1 unit	1.3 units		
<i>Shots may either be spirits or liqueurs, and are generally drunk very quickly. Different liqueurs can vary considerably in strength - they can be stronger or weaker than this example.</i>				
	Small glass (125ml)	Standard glass (175ml)	Large glass (250ml)	Bottle (750ml)
10%	1.25 units	1.75 units	2.5 units	7.5 units
11%	1.4 units	1.9 units	2.8 units	8.3 units
12%	1.5 units	2.1 units	3 units	9 units
13%	1.6 units	2.3 units	3.3 units	9.8 units
14%	1.75 units	2.5 units	3.5 units	10.5 units
	Standard measure (50ml)	-	-	-
Sherry & port	0.9 - 1 unit	-	-	-

MY ALCOHOL CONSUMPTION MEASURED IN UNITS PER WEEK IS.....

HEIGHT AND WEIGHT

WHAT IS YOUR HEIGHT

WHAT IS YOUR WEIGHT

FOR FEMALE PATIENTS ONLY

HAVE YOU EVER HAD A CERVICAL SMEAR?

IF YES WHERE AND WHEN?

HAVE YOU EVER HAD A HYSTERECTOMY?

IF YES WHERE AND WHEN

THANK YOU FOR COMPLETING OUR NEW PATIENT QUESTIONNAIRE
THIS WILL HELP US TO PROCESS YOUR REGISTRATION

**GREAT WESTERN SURGERY
FARRIERS CLOSE
SWINDON
SN1 2QU
TEL 01793 421311
FAX 01793 431412**

WEBSITE - greatwesternsurgery.com