

BINFIELD SURGERY

NEW PATIENT QUESTIONNAIRE

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

_____ POSTCODE: _____ OCCUPATION: _____

DATE OF BIRTH: _____ Male/Female: _____ PLACE OF BIRTH: _____

TEL NO: Day _____ Evening _____ Mobile _____

EMAIL ADDRESS: _____

Which Ethnic group do you belong to?

White
British – Irish
Other

Black or Black British
African – Caribbean
Any other Black
Background

Mixed
White & Black Caribbean
White & Black African
White & Black Asian
Any other mixed background

Chinese
Or any other
Ethnic group

Asian or Asian British
Bangladesh – Indian - Pakistan
any other Asian background

Not stated (9iG)

WHAT IS YOUR FIRST SPOKEN LANGUAGE? _____

Please state all countries you have lived in or visited for period of greater than 6 months

Country: _____ Dates/Year (if known) _____

If you have been in England less than 5 years and you are coming from a country where Tuberculosis exists, then one of our nurses may contact you for further details.

Do you have any protected characteristics you wish to share with us? Please state below _____

Would you like this noted on your medical record? Yes No

Do you have any communication needs that we should be aware of? _____

Are you a Carer? Yes (918G) or No. If yes, who do you care for? _____

Are you being cared for? Yes (918F). If yes, who is your carer? _____

NB: A carer is a person who looks after a relative or friend who needs support because of age, physical or learning disability or illness, including mental illness.

This information will be placed on you patient record and will remain confidential to this practice.

HEALTH INFORMATION

If you are taking regular medication, please attach a copy of your current prescription

If you've been diagnosed with a long term condition, please provide details below

	Date of Diagnosis	Date of Last Review
Hypertension		
Asthma		
Epilepsy		
COPD		
Diabetes I		
Diabetes II		
Thyroid – Underactive		
Thyroid – Overactive		
Stroke		
Heart Attack		
Angina		
Mental Health – please specify below		
Cancer – please specify below		
Drug Allergies – please specify below		
Other Allergies – please specify below		

Please comment below if there is anything else we need to be aware of regarding your health.

SMOKING STATUS: Never smoked (1371) – Stopped Smoking (137K) – Smoking (137P) **Please circle**

If you have stopped smoking, when did you give up? _____

If you are still smoking, how much do you smoke per day? _____

AVERAGE WEEKLY ALCOHOL INTAKE – Please complete the form on the next page.

ARE YOU DRINKING TOO MUCH?

This chart will help to assess the effects of your drinking and whether you are drinking too much. You will then be offered advice on how to cut down or seek further help.

Pint of beer @ 4 % = **2.3 units**, 500ml can strong lager @ 6% = **3 units**, 250 ml glass of wine @ 11% = **2.8 units**
Single (25ml) measure of spirits (e.g. Vodka, gin) = **1 unit**.

QUESTIONS	0	1	2	3	4	YOUR SCORE
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you have on a typical day?	1-2	3-4	5-6	7-8	10+	
How often do you have six or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found you were unable to stop drinking once you had started?	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 had a feeling of guilt or remorse after 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	
Have you or somebody 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 or health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
TOTAL:						

0-7 = sensible drinking,
OK no action

Read codes:
38D3

8-15 = hazardous drinking,
GP to offer brief
Intervention

9k1A

16-19 = harmful drinking,
GP to also offer brief
lifestyle counselling

9k1B

20+ possible dependence
GP to consider referral

8HkG

ADDITIONAL INFORMATION

Would you like your prescriptions sent electronically? Yes/No

If yes, please add name of Pharmacy here.

Are you happy for us to use SMS text service to remind you of your appointment? Yes or No

Are you happy for us to use SMS to communicate clinical messages? Yes or No

Please sign for consent _____

Are you a Veteran? Army (13Ji0) – Military (13Ji) –RAF (13Ji1) –Marines (13Ji3) – Navy (13Ji2) Please Circle