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Wentworth
GROUP PRACTICE

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Confidential New Patient Registration Questionnaire Adult Questionnaire

For staff use only:

Pt Emis New No: _____

Date of Appt: _____

Time of Appt: _____

Who appt with: _____

Name of person receiving & making appt: _____

Name of person registering on the system & put name on the purple form: _____

PATIENT DETAILS:

Surname:..... **First Name(s):**.....

Date of Birth:..... **Sex: Male / Female:**

Home Address:.....

Contact Telephone Number(s):.....

Email address:.....

Consent to receive text messages via mobile: YES / NO

NHS Number:..... **Marital Status:**.....

Previous GP: **Practice Name:**.....

Previous Practice Address:.....

Occupation:..... **Town and Country of Birth:**.....

Please state how many children you have

Emergency Contact Name and Number:.....

Please State Relationship to Emergency Contact:.....

Are you a Carer? YES / NO **Do you require information about benefits for Carers? YES / NO**

Does someone look after you? YES / NO

Please indicate your ethnicity:

What is your first language?.....

FAMILY HISTORY:

Please state which member of your family have any of the following conditions i.e. Mother, Father

Asthma..... Stroke/TIA/CVA..... Hypertension.....

CHD..... Cancer..... Diabetes.....

Epilepsy..... Thyroid Disease..... Other.....

LIFESTYLE:

Height..... Weight..... BP.....

Diet (Please Circle): Balanced Vegetarian Vegan Kosher Halal Low Fat Diet Other

Smoking (Please Circle): Current Smoker Ex Smoker Never Smoked

If you are a current or ex-smoker, please indicate how many per day:.....

ALCOHOL: - Please complete the following FAST questionnaire:

FAST	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	
Only answer the following questions if the answer above is Never (0), Less than monthly (1), or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4)						
How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many units of alcohol do you drink on a typical day when drinking?	1-2	3-4	5-6	7-9	10+	
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	

UNIT DEFINITION:

1 Glass of Wine = 1.5 units, 1 Bottle of Wine = 10 units, 1 Pint of Beer = 3 units, 1 Spirit Measure = 1 unit

EXERCISE STATUS (Please Circle):

No Exercise Light Exercise Moderate Exercise Heavy Exercise

SEXUAL HEALTH LIFESTYLE (Please Circle) Active Non Active

MEDICAL HISTORY:

Known Drug/Other Allergies.....

Serious Illnesses/Operations.....

Disabilities.....

Please list Current Medications.....

FEMALE PATIENTS:

Are you taking any contraceptive medications – Please state which one.....

Date of Last Smear:

Would you like Patient Online Access?: Yes (Please speak with Receptionist) No