

**Wentworth Medical Practice**

*For staff use only:*

*Pt Emis New No:* \_\_\_\_\_

*Date of Appt:* \_\_\_\_\_

*Time of Appt:* \_\_\_\_\_

*Who appt with:* \_\_\_\_\_

*Initial:* \_\_\_\_\_

**Confidential New Patient Registration Questionnaire**

**PATIENT DETAILS:**

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

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

**Home Address:**.....

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

**Consent to receive text messages via mobile: YES/NO** **Email address:** .....

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

**Previous GP:** .....

**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:**

Questions	Scoring system					Your score
	0	1	2	3	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.....

Have you ever been tested for the following:

HIV Screening:      Yes :      No:      Result: .....

Hepatitis A/B/C:      Yes :      No:      Result: .....

Please list Current Medications.....

**FEMALE PATIENTS:**

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

Date of Last Smear: .....