

The Roseland Surgeries

Welcome to our Practice on the Roseland Peninsula. Our surgeries are at Portscatho, Tregony and St Mawes.

Please complete this questionnaire which helps us to register you as a new patient. It needs to be returned to reception along with your Registration form.

Today's Date ____ / ____ / ____

Forename(s) _____ Surname _____

Date of Birth: ____ / ____ / ____

Address: _____

_____ Postcode: _____

Home Phone No: _____ Mobile 'phone number _____

E-mail address (individual to you, no shared addresses): _____

Marital Status: _____

Your Height in cm _____ Your Weight in Kg _____

Name of Next of Kin: _____

Address _____

Contact Telephone No: _____

Are You the Main Carer for Another Person? Yes/No

If Yes, who do you care for? _____

Past Medical History – please tick if you have any of the following conditions:-

Diabetes Asthma COPD
Heart disease Hypertension (high blood pressure)

Please list any operations you have had:

1. _____ Approx. date of onset _____
2. _____ Approx. date of onset _____
3. _____ Approx. date of onset _____

Regular Medication

Please list your regular medication below and bring your tablets or repeat prescription slip to your new patient check appointment. (You will need to see a GP before we can issue you with a prescription for your regular 'repeat' medication)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Allergies/Drug Intolerance

Please list any allergies and drug intolerances known to you.

1. _____
2. _____
3. _____
4. _____

Smoking History: please choose one option below:

1. Never smoked
2. Ex smoker Amount I used to smoke per day _____ Date stopped _____
3. Current smoker Amount smoked per day? _____
(please let us know if you would like help to give up smoking)

Alcohol intake: How many units do you drink a week? _____
(1 unit = 1 small glass of wine (125ml) / 1 measure of spirit (25ml), ½ pint 4% lager or beer)

Family History:

Please tick if there is a history of the following in your family:

| | Mother | Father | Brothers/Sisters | Children |
|---------------------|--------|--------|------------------|----------|
| Heart disease | | | | |
| Asthma | | | | |
| Other Lung Disease | | | | |
| High Blood Pressure | | | | |
| Glaucoma | | | | |
| Stroke | | | | |
| Diabetes | | | | |
| Cancer | | | | |

Female Patients Only:

Please list any pregnancies/deliveries and dates:

Have you ever had a cervical smear? Yes/No Date of last one and result _____

Have you ever had a mammogram? Yes/No Date of last one and result _____

Contraception: current type and date fitted if implant or Coil/IUD: _____

To be completed by new patients aged 16 and over please

| The Alcohol Use Disorders Identification Test: Self-Report Version | | | | | | | |
|--|---|----------|-------------------|-------------------------------|------------------|---------------------------|--------|
| <p>PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.</p> <p>Place an X in one box that best describes your answer to each question.</p> | | | | | | | |
| Questions | | 0 | 1 | 2 | 3 | 4 | |
| 1 | How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week | |
| 2 | How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | |
| 3 | How often do you have six or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Only |
| 4 | How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | use |
| 5 | How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Surgey |
| 6 | How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | For |
| 7 | 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 | |
| 8 | How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Only |
| 9 | Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year | Use |
| 10 | Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, during the last year | Surgey |
| | | | | | | TOTAL | For |

Ethnic Origin

To which of the following ethnic groups do you belong? Ethnic group refers to people with the same cultural background and national identity. It does not always mean where you were born.

Please tick one box.

| | | |
|-------------------------------|--|--|
| White | British | |
| | Irish | |
| | Cornish | |
| | Any other white background (please specify) | |
| Mixed | White and Black Caribbean | |
| | White and Black African | |
| | White and Asian | |
| | Any other mixed background (please specify) | |
| Asian or Asian British | Indian | |
| | Pakistani | |
| | Bangladeshi | |
| | Any other Asian background (please specify) | |
| Black or Black British | Caribbean | |
| | African | |
| | Any other black background (please specify) | |
| Chinese | | |
| Other Ethnic Group | (please specify) | |
| | | |
| Declined | | |

| | |
|---|--|
| First Language | |
| If English is NOT your first language, do you speak English? | |

Thank you for completing this questionnaire
Any patients on regular medication need to see a GP before we are able to issue any further prescriptions, so please make an appointment at reception.