

**BEECHFIELD MEDICAL CENTRE – NEW PATIENT REGISTRATION
(CONFIDENTIAL WHEN COMPLETE)**

1. About you:

PLEASE COMPLETE ALL QUESTIONS

Title:	
Forenames:	
Surname:	
Previous Surname:	
Date of Birth:	
Preferred method of communication:	

2. Your Ethnicity (Tick as Appropriate):

British or Mixed White	<input type="checkbox"/>	Pakistani or British Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi or British Bangladeshi	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Other Mixed Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Indian or British India	<input type="checkbox"/>	Other	<input type="checkbox"/>

3. Your Language:

First Language	
Second Language	
Do you need an interpreter?	YES NO

4. About Your health:

What is your height?	
What is your weight?	
Do You Smoke?	Yes/No
If “Yes”, how many per day?	
If “No”, have you ever smoked?	Yes/No
If “Yes” how many did you smoke daily?	
Are you currently pregnant?	Yes/No
If “Yes”, how many weeks?	
Are you being seen by a midwife?	Yes/No
If “No” please ask to make an appointment for a referral as soon as you are registered.	

5. Smear Status (Females Only):

Date of Last Smear Test:	
Where was the test taken:	
Result (please circle):	Normal/Abnormal
Date Next Smear Due:	

6. Repeat Medications:

Are you on any repeat medications?	Yes/No
If “Yes” Please attach a Repeat Slip	

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7. Are You a “Carer”?

A Carer is someone who spends a significant proportion of their life providing support to family or friends – this could be caring for a child, parent, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. This can be a formal or informal arrangement, and you may not necessarily consider yourself to be a carer, but if you provide support for another person on a regular basis, then you are.

Are you a Carer?	Yes / No
Who do you care for? <i>e.g. friend, family member</i>	

8. Alcohol Consumption:

Units of alcohol equate to:

Pint of Average Strength Beer	2 Units	Small bottle of Beer	1.5 Units	Single Spirit	1 Unit
Small glass of Wine	1.5 Units	Standard Bottle of Wine	9 Units		

Please circle your score for each answer and calculate your total below:

How often do you have a drink containing alcohol?	Score	How many units of alcohol do you drink on a typical day that you are drinking?	Score	How often have you had 6 or more units on a single occasion in the last year?	Score
Never	0	1-2	0	Never	0
Monthly or less	1	3-4	1	Less than monthly	1
2-4 times a month	2	5-6	2	Monthly	2
2-3 times a week	3	7-9	3	Weekly	3
4+ times a week	4	10+	4	Daily or almost	4
Calculate your total score:	/12	<i>If you have scored 5 or more then you should make an appointment to discuss your drinking habits with a health professional</i>			

FOR MEDICAL CENTRE USE ONLY

Allocated Named Accountable GP: 9NN60

Preferred method of comm: 8CN2

Alcohol questionnaire completed: 38D4 (*enter total score*)

Alcohol questionnaire declined: 8IA7 (*if not completed*)

Is a carer: 918A (*detail who for*)

Smoking Cessation Leaflet Issued (If applicable)

Yes/No - 8CAL

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