

Today's date:

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Other:	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Surname:
Date of Birth:	First name(s):
Occupation:	Previous Surname(s)

Home Address:	Home Tel:
	Mobile no: To opt out of text messages tick here <input type="checkbox"/>
	Email: <i>(in block capitals)</i>
Postcode:	

What is your first language?

If this is not English, do you require an interpreter? YES NO

Please let us know if you would like any of our information in an alternative format (e.g. large print or easy read) or if you need any help communicating with us, e.g. a hearing difficulty

Ethnic Group

White British Irish Other

Black Caribbean African Other

Asian Indian Pakistani Chinese Other

Mixed White + Black Caribbean White + Black African Other

Medical Information

Current medical conditions
Current medication <i>(please give strength and dosage if possible)</i>
<i>Please make an appointment before requesting medication. Electronic Prescribing Service available - see Reception to nominate a local pharmacy to receive your electronic scripts, or to update nomination which transfers with GP records</i>
Allergies to medicines or foods

Family History

Any serious illness particularly, heart disease, stroke, high blood pressure, diabetes, inherited diseases

Women only

Are you currently pregnant? YES NO If YES, when is your due date?

Carers

If you are a carer please ask at Reception for a Carers Leaflet and form to register with us as a carer

Do you have a carer? YES NO

If YES, please give details:

Smoking

Never smoked Ex-smoker Date you gave up (month & year)

Current smoker Please tell us how much you smoke (e.g. cigarettes per day)

Alcohol (circle answers & add up score)

	Answer score					YOUR SCORE
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<input type="checkbox"/> I decline to complete my alcohol use						TOTAL

Height and Weight (You can use the height & weight scales at Lodgeside Surgery)

What is your height?mcm ORftin	What is your weight?kg ORstlb
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Blood Pressure (You can use the blood pressure machine at Lodgeside Surgery)

What is your reading?	SYS	DIA	PUL
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Thank you for completing this questionnaire

Please note: If you have provided us with an email address, we assume consent for contact by email. We assume consent to send texts to a mobile phone unless you have opted out. We will only text or email messages that are relevant to your ongoing healthcare, with the minimum of personal content. You are responsible for informing Fireclay Health of email address and/or mobile phone number changes or if your mobile phone is lost/stolen.