New Patient Registration - Old Coulsdon Medical Practice

Welcome to the practice you can obtain information about the practice and the services we offer from our practice booklet or on-line via our website www.oldcoulsdonmedicalprac.co.uk.

Name:		**DOB**:	
Phone No:		**Mobile:**	
Do you give permission for a message to be left if we are unable to get hold of you ?		YES	NO
Email address:			

About You

What is your first language?	English	**Other : Please state?**	**Do you need an interpreter?**
What is your weight?		**What is your height ?**	
Do you Smoke? How many a day?		**Ex- Smoker - date ceased ?**	**Never Smoked :**

Are you a carer ?	YES	NO	**Who do you care for ?**

Sharing of information

Summary Care Record
(A summary care record is an electronic record which shows only your current prescriptions and any allergies/adverse reactions that the hospital will be able to view, with your permission, should you attend hospital.)

Did you opt out of the Summary Care Record at your previous surgery?	YES	NO
Do you wish to have a Summary Care Record	YES	NO

Please complete for all children under the age of 18

Name and contact number of the person with parental responsibility	
Has this child ever had a social worker and if so, what are their details	

Your Medical History

Please indicate any current or past significant medical conditions.

Do you have any allergies? (please specify)

Do you have a family history of diabetes?	YES	NO	**Who?**

Are you currently on any medication? (You will need to see your GP prior to the practice issuing you your medication on the first occasion).	YES	NO

We offer a new patient check for patients over 16 years.
Please speak to the receptionist for further information.

For official use only – Photo ID ☐ Utility ☐ Visa (copy) ☐

PTO

Ethnic Code – please tick the one that you feel reflects your ethnic origin					
British/Mixed British	☐	Irish	☐		
Other White	☐	White/Black Caribbean	☐		
White/Black African	☐	White & Asian	☐		
Other Mixed	☐	Indian/British Indian	☐		
Pakistani/British Pakistani	☐	Bangladeshi/British Bangladeshi	☐		
Other Asian	☐	Caribbean	☐		
African	☐	Other Black	☐		
Chinese	☐	Other	☐		
No ethnic group – do not wish to give	☐				

To be completed for patients 16 years and over

Please ensure this section is completed

Alcohol Users Test (AUDIT) C

Questions	Scoring System					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 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

Please ensure you notify the practice should you change address or your contact numbers

Thank you for taking the time to complete this new patient questionnaire