

Patient Number:

Neston Medical Centre. Patient Information Form

Please complete and hand to Reception

Title: Mr / Mrs / Miss / Ms / Dr /Other (Please specify)Surname:

Forename(s): Date of Birth: Male / Female

Address: (Inc. Postcode).....

'Phone No. (home).....(work).....(mobile).....

Height..... Weight.....

Smoking – Are you:-

- a) A smoker Y N (if so how many per day?).....
- b) An ex smoker Y N (if so how many did you smoke?)..... (And year ceased?).....
- c) Never Smoked Y

How many units of alcohol do you consume per week?

Alcohol (38D4)

Scoring System

Questions	0	1	2	3	4	Your Score
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	

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Do you have any information or communication needs? Y N How do you feel we can meet your needs?

Do you have any allergies? (Please specify).....

Do you have/have you had any significant illnesses or diseases? (Please specify).....

Ladies – Breast Screening (mammograms) – Have you been screened recently? Y N Date screened.....

Are you an ex-service person or reservist who has served in the armed forces for at least one day? Y N Date of leaving.....

Exercise – Do you enjoy light moderate heavy exercise? Do you avoid even trivial exercise? Is exercise physically impossible?

Are you a Carer? (Looking after somebody with an illness, frailty or disability) Y N

Please ask for Cath Roddy, our Carer Link Representative, if you require any further information or assistance.

If Y for whom?

Do you have a Carer? Y N If yes name & contact details please.....

Main Spoken Language English Other - Please State

Ethnic Origin – Please Tick

British		White & Black Caribbean		Other Asian background		Pakistani or British Pakistani		African	
Mixed British Please state		White & Black African		Indian or British Indian		Bangladeshi or British Bangladeshi		Other Black background	
Irish		White & Asian		Other Mixed background		Caribbean		Chinese	
Other White background		Other ethnic category		Ethnic category not stated					

Signature: Date: