

STILLINGTON SURGERY

www.stillingtonsurgery.co.uk

Welcome to our practice, in order to process your registration we must ask you to complete the following questions. The reception staff will also ask you to make an appointment to see a GP for a new patient health check. Please bring a urine sample with you when you attend for this appointment

Full name..... D.O.B

Address.....

Postcode..... Occupation

Telephone: Home.....Mobile.....

Please tick here if you are happy to receive alerts by text message

Email address: Previous GP's name.....

(Only include your email if you are happy for us to use this to contact you)

About you	Yes	No
<p>Smoking: Do you smoke? If so how many per day? How long since you stopped?</p> <p>Alcohol Do you drink alcohol? If so how many?.....</p> <p>Exercise: Do you take any exercise? if yes what type of exercise and how often.....</p> <p>.....</p>		

Past Medical History: Please summarised any serious illnesses, accidents, operations or disabilities

Date	Problem

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Medication: please list any medication you are on at the present

Allergies: Yes No

Details:.....

Females only: When was your last cervical smear..... Result.....

Carers: Do you care for anyone who cannot manage at home without help?

Is the person: Relative Friend Neighbour Fulltime/part-time:.....

Does someone look after you? Yes/No, if so who?.....

Family History: Is there any family history of any of the following?

Coronary Heart Disease ie Heart attack Yes <input type="checkbox"/> No <input type="checkbox"/>	Which family member? Over or under 60 years old?
Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>	Which family member Over or under 60 years old?
Asthma Yes <input type="checkbox"/> No <input type="checkbox"/>	Which family member Over or under 60 years old?
Cancer Yes <input type="checkbox"/> No <input type="checkbox"/> What type.....	Which family member Over or under 60 years old?

NEXT of KIN

Name:.....

Address:.....

Contact No:.....

Patient signature.....**Date**.....

**please complete following page*

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This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your healthcare.

Please ask a member of staff if you need more explanation.

We would be grateful if you could complete one for each family member.

Do you need an interpreter or sign language support? Yes

If you need an interpreter, which language do you speak?

Do you have any communication needs? eg Braille, LARGE PRINT Yes/No.....

Please tick which ethnic group you feel you belong to:

White

- British**
- Irish**
- Any other white background**

Mixed

- White & Black Caribbean**
- White & Black African**
- White & Asian**
- Any other mixed background**

Asian or British Asian

- Indian**
- Pakistani**
- Bangladeshi**
- Any other Asian background**

Black or Black British

- Caribbean**
- African**
- Any other black background**

Any other ethnic group

- Chinese**
- Any other, please describe**
- Do not wish to state**

Language

Please state your main spoken language.....

Would you be interested in joining the Surgery Patient Group?

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F.A.S.T Questionnaire- Please circle the answer that best applies to you

1 drink = ½ pint of beer or 1 glass of wine or 1 single spirit

- 1) MEN: How often do you have *eight or more* drinks on one occasion?
WOMEN: How often do you have *six or more* drinks on one occasion?

Never Less than Monthly Monthly Weekly Daily or Almost Daily

- 2) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never Less than Monthly Monthly Weekly Daily or Almost Daily

- 3) How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never Less than Monthly Monthly Weekly Daily or Almost Daily

- 4) Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year Yes, in the last year