

HAZELWOOD GROUP PRACTICE
27 PARKFIELD ROAD
COLESHILL
BIRMINGHAM
B46 3LD

NEW PATIENT QUESTIONNAIRE

Please complete all sections

TITLE SURNAME

FIRST NAMES

DATE OF BIRTH

NHS NUMBER

(This can be found on your medical card or from your previous GP surgery. We CAN NOT get it for you)

ADDRESS

.....

.....

POST CODE

NEXT OF KIN

(Name and Telephone number)

Weight..... Height

HAVE YOU SEEN A DOCTOR AT THIS SURGERY BEFORE

ETHNICITY (Please tick)

White British

White Irish

Chinese

Black Caribbean

Indian

Polish

Ukrainian

Serbian

Traveller

Other

(Please specify)

PLEASE LIST ANY ALLERGIES YOU HAVE

.....

.....

PLEASE LIST ANY MEDICATION YOU ARE CURRENTLY TAKING AND
WHAT YOU ARE TAKING IT FOR

.....

.....

HAS ANYONE IN YOUR FAMILY EVER SUFFERED WITH THE FOLLOWING?

Condition	Tick	Condition	Tick
Asthma		Glaucoma	
Cancer		Heart Problems	
Diabetes		High blood pressure	

WHEN WAS YOUR LAST TETANUS VACCINATION?

HAVE YOU HAD A PNEUMOCOCCAL VACCINATION.....
IF YES WHEN.....

FEMALE PATIENTS-WHEN WAS YOUR LAST SMEAR?

FEMALE PATIENTS-HAVE YOU HAD A HYSTERECTOMY?.....
IF SO WHEN?.....

TOBACCO CONSUMPTION

SMOKING STATUS	TICK
NEVER SMOKED	
EX-SMOKER	
CURRENT SMOKER (If yes please complete the questions below)	
	ANSWER
WHAT DO YOU SMOKE? Eg: Cigarettes	
HOW MANY A DAY DO YOU SMOKE?	
WOULD LIKE HELP WITH GIVING UP SMOKING?	

ALCOHOL CONSUMPTION

HOW MUCH ALCOHOL DO YOU DRINK A WEEK AND WHAT DO YOU DRINK?

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PLEASE TELL US WHY YOU WANT TO JOIN US?

.....

AS A CONDITION OF REGISTERING WITH THIS PRACTICE YOU ARE REQUIRED TO MAKE A NEW PATIENT CHECK WITH ONE OF OUR NURSING TEAM. PLEASE ASK AT RECEPTION FOR DETAILS.

PATIENT SIGNATURE.....

DATE

OFFICE USE ONLY

ID CHECKED BY.....

SIGNED.....

AUDIT C

QUESTIONS	SCORING SYSTEM					YOUR SCORE
	0	1	2	3	4	
HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?	NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-3 TIMES PER WEEK	4+ TIMES PER WEEK	
HOW MANY UNITS OF ALCOHOL DO YOU DRINK ON A TYPICAL DAY WHEN YOU ARE DRINKING?	1-2	3-4	5-6	7-9	10+	
HOW OFTEN HAVE YOU HAD 6 OR MORE UNITS IF FEMALE, OR 8 OR MORE IF MALE, ON A SINGLE OCCASION IN THE LAST YEAR?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY	
<p><u>SCORING</u> A TOTAL OF 5+ INDICATES INCREASING OR HIGHER RISK DRINKING. AN OVERALL TOTAL SCORE OF 5 OR ABOVE IS AUDIT-C POSITIVE</p>						TOTAL SCORE

