

BRENTFORD GROUP PRACTICE

NEW PATIENT QUESTIONNAIRE

To register with Brentford Group Practice please complete this questionnaire as fully as possible. The information will help us to provide good quality care for you. This information will be treated as private and confidential.

Surname:..... MR/MRS/MISS/MS/Other Date of Birth:.....

Forename(s): Telephone No: Home Mobile:.....

Do you consent to receiving text messages: **YES/NO**

Address:.....

Ethnic Origin (please circle)

White British	White Irish	White European
Indian/British	Pakistani/British	Caribbean
African	Chinese	Other

Are You a Carer? **YES/NO** Does Someone Care for You? **YES/NO**

Next of Kin: Relationship:

Address and Tel. No (if different from your own)

Allergies: Medication:

If you have any medical conditions or are on regular medication, please make an appointment to see the doctor. This is to ensure that these details are entered correctly onto the computer record.

Family History – please give details below:-

	Relationship to You	Age at Onset
Heart Attack		
Stroke/TIA		
Asthma		
Diabetes		
High Blood Pressure		
Epilepsy		

Smoking History:

I have never smoked

I have given up smoking and I stopped on (date)

I smoke.....(no. of cigarettes/cigars/pipes per day) Would you like help/support to stop smoking **YES/NO**

Alcohol: Please complete the attached Alcohol Questionnaire

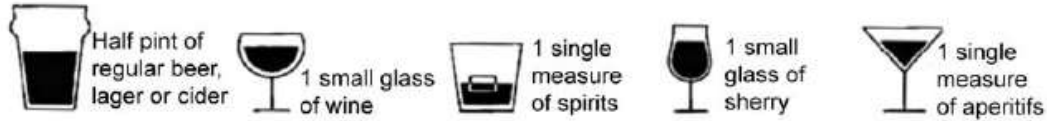
NHS SUMMARY CARE RECORDS

Your choices are detailed below:-

Yes, I would like a Summary Care Record

No, I do not want a Summary Care Record (an opt-out form is available from reception. Please complete the form and hand it to the receptionist)

This is one unit of alcohol...



...and each of these is more than one unit



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	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

