# **Bridgnorth Medical Practice**

## **New Patient Questionnaire**

If yes, please give brief details



About You	J								
Surname						Given Name(s)			
Address									
Addiess						Email			
Post code						Date of Birth			
Mobile No						Home No			
I do NOT want to receive text message appointment reminders ☐ (we do not share mobile phone data)									
Next of Ki	∖IN 								
Name	Relationship								
Address									
7 laaress	Date of Birth								
Post code				Contact number					
Additional	inforn	nation							
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			es, enter your rvice number					
Are you a car					es, give name relationship to you				
Communic	cation								
What is your	first spo	ken langua	age?						
Do you have	any eno	cific comm	Do you have any enecific communication needs / requirements?					00 /	

## Ethnic origin

In line with government advice and NHS guidance, it is important that health care providers can identify patient ethnicity in order to offer appropriate guidance and support for those who are most vulnerable to certain diseases.

Please tick the appropriate box to indicate your ethnicity, this will then be recorded on your health

records. You may opt out by ticking the box below.

records. Tournay opt o			
White British	White Irish	White Gypsy or Irish Traveller	White other, please state:
African	Arab	Asian	Asian British
Asian other, please state:	Indian	Bangladeshi	Chinese
Caribbean	Other Black/African/ Caribbean, please state:	Pakistani	I do not wish to have my ethnicity recorded on my health records
Other, please state:			

You and your health

Height (cm)		Weight (kg)	
Modical History	Asthma/COPD	Cancer	Diabetes
Medical History (Please tick)	High Blood Pressure	Heart Disease	Epilepsy
(	Rheumatoid Arthritis	Stroke	Other
Latest home readings, if	available	Blood Pressure:	Peak Flow:
Do you have any allergies?	Yes / No	If Yes, please state what	
Please give details of any significant family medical history			
Do you have any on-going treatment? Please give full details and include a copy of any relevant hospital and consultant letters			

#### **Summary Care Record**

Summary Care Records (SCRs) enable healthcare professionals working in different care settings to access an electronic summary of key information from a patients GP record. Currently SCRs are widely used across NHS urgent and emergency care such as NHS 111, 999 and Accident & Emergency Departments. If you do not want your SCR made available tick here

#### Medication / Prescriptions

Please enclose a list of your repeat medication. If you are taking any regular, prescribed medication, make a routine appointment with a GP for at least 1 week before you run out to ensure continued supply.

Repeat Prescriptions: please allow 3 working days from request to your prescription being sent to the pharmacy.

Acute Prescriptions: may take up to 10 working days. In most cases an appointment will be required.

All prescriptions are sent electronically to a pharmacy of your choice. Please nominate a pharmacy below:

Bridgnorth pharmacies, please tick	Boots	Bridgnorth Pharmacy	Murrays
Other, please give pharmacy name, address and postcode			

### **Smoking Status**

Ex-Smoker	Never Smoked	Current Smoker	
E-Cig / Vape	Quantity per day if current smoker:		

For help to Quit Smoking visit: www.nhs.uk/smokefree

## **Alcohol Status**

Please complete the following table, refer to the Drinks and units information for guidance on units:

Description		Score				
Description	0	1	2	3	4	Score
How often do you drink alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 + times a week	
How many units of alcohol do you consume on a typical day?	1 – 2	3 – 4	5 – 6	7 – 9	10 +	
In the last 6 months, how often have you had more than 6 units on any one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily	
0 – 4 = Low risk drinking 5+ = High risk drinking Total						

Drinks and units

Type of drink	Number of alcohol units
Single small shot of spirits (25ml, ABV 40%)	1
Single large measure of spirits (35ml, ABV 40%)	1.4
Alcopop (275ml, ABV 5.5%)	1.5
Small glass of red/white/rose wine (125ml, ABV 12%)	1.5
Bottle of lager/beer/cider (330ml, ABV 5%)	1.7
Can of lager/beer/cider (440ml, ABV 5.5%)	2
Pint of lower strength lager/beer/cider (ABV 3.6%)	2
Standard glass of red/white/rose wine (175ml, ABV 12%)	2.1
Pint of higher strength lager/beer/cider (ABV 3.6%)	3
Large glass of red/white/rose wine (250ml, ABV 12%)	3
Bottle of red/white/rose wine (750ml, ABV 13.5%)	10