

NEW PATIENT INFORMATION SHEET

First Name Surname DOB

Full Address

Tele No Mobile Email Address

Please tick if you do not wish to receive reminders via SMS messaging or Email []

Do you consent to sharing date Yes [] No []

Country of birth

Ethnic Origin.

Main spoken language Do you require an interpreter? Yes [] No []

Religion

Are you taking any regular prescribed medication Yes [] No []

Nominated Pharmacy

(If yes please book an appointment before your next prescription is due)

Have you any allergies to medicines or anything else?

How often do you drink alcohol?

N/A [] Never [] Monthly or less [] 2-4 times a month [] 2-3 times per week []

4+ times per week [] How many units of alcohol do you drink on a typical day when drinking alcohol?

N/A [] 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?

N/A [] Never [] Less than Monthly [] Monthly [] Weekly [] Daily or almost daily []

Do you smoke? Yes [] No [] If yes, how many per day?

If no please tick the relevant box Never smoked [] Ex-smoker []

Are you a carer? Yes [] No [] Does someone look after you? Yes [] No []

If you answer YES to either of the above, please enquire at reception about being placed on the Practice Carers Register

Are you a member of the Armed Forces? Yes [] No [] If yes which of the Armed Forces do you serve in ?

Are you a Military Veteran? Yes [] No [] If yes Which of the Armed Forces did you serve in ?

Are you currently Pregnant? Yes [] No [] How many weeks pregnant are you ?

Next of kin contact Name and Telephone Number in case of emergency

What relationship is this person to you?

Please give your current

Weight Height BP