## KING EDWARDS & SWAKELEYS MEDICAL CENTRE Your named accountable GP is Dr. M. Mashru

Please therefore respond to all questions. Patient Name	We a	re asked to record additiona	al information, as l	pelow of all our new pat	zients.
Mobile phone number E MAIL Date Date We will send appointment reminder texts to this number To opt out mark cross here Are you a carer?	Pleas	e therefore respond to all q	uestions.		
Consent given to be contacted by email Signature	Patie	nt Name		Marital status	
We will send appointment reminder texts to this number To opt out mark cross here Are you a carer?	Mobi	ile phone number	E MA	IL	
To opt out mark cross here Are you a carer?	Cons	ent given to be contacted by	y email Signature.	Date	
Are you a carer?	We w	vill send appointment remin	nder texts to this nu	ımber	
1. Ethnicity origin  A White B Black Caribbean C Black African D Black Other E Black Mixed F Indian G Pakistani H Bangladeshi I Chinese H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	To o	pt out mark cross here			
A White B Black Caribbean C Black African D Black Other E Black Mixed F Indian G Pakistani H Bangladeshi I Chinese H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	Are y	ou a carer?	•••••		
C         Black African           D         Black Other           E         Black Mixed           F         Indian           G         Pakistani           H         Bangladeshi           I         Chinese           H         Vietnamese           I         Other Asian           J         Other Mixed           K         Other- Please state    2. First language  3. Smoking Do you smoke? How much?  A Never Smoked  B Ex smoker  For	1. Et	hnicity origin			
C         Black African           D         Black Other           E         Black Mixed           F         Indian           G         Pakistani           H         Bangladeshi           I         Chinese           H         Vietnamese           I         Other Asian           J         Other Mixed           K         Other- Please state    2. First language  3. Smoking Do you smoke? How much?  A Never Smoked  B Ex smoker  For			<del></del>		
C         Black African           D         Black Other           E         Black Mixed           F         Indian           G         Pakistani           H         Bangladeshi           I         Chinese           H         Vietnamese           I         Other Asian           J         Other Mixed           K         Other- Please state    2. First language  3. Smoking Do you smoke? How much?  A Never Smoked  B Ex smoker  For	A				
D Black Other E Black Mixed F Indian G Pakistani H Bangladeshi I Chinese H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	В				
G Pakistani         H Bangladeshi           I Chinese         H Vietnamese           I Other Asian         J Other Mixed           K Other- Please state         Smoking. Do you smoke? How much?           A Never Smoked         For	C				
G Pakistani         H Bangladeshi           I Chinese         H Vietnamese           I Other Asian         J Other Mixed           K Other- Please state         Smoking. Do you smoke? How much?           A Never Smoked         For	D				
G Pakistani         H Bangladeshi           I Chinese         H Vietnamese           I Other Asian         J Other Mixed           K Other- Please state         Smoking. Do you smoke? How much?           A Never Smoked         For	E				
H Bangladeshi I Chinese H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	F				
H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	G				
H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	Н	•			
H Vietnamese I Other Asian J Other Mixed K Other- Please state  2. First language	I	Chinese			
J Other Mixed K Other- Please state  2. First language	Н	Vietnamese			
J Other Mixed K Other- Please state  2. First language	I	Other Asian			
2. First language	J	Other Mixed			
3. Smoking Do you smoke? How much?	K	Other- Please state			
B Ex smoker ForYears C Current smoker	3. Sr	moking Do you smoke? H		••••••	
				For	 Years
	$\frac{D}{C}$		-	1 32	
1 Pipe gm/wee					gm/week
2 Cigar / day					
3 Cigarette /day			-		
			-		gm /week
4 Ron own eightettes		+ Ron own eigarettes		<u> </u>	giii / Week

AUDIT-C	SCORING SYSTEM					YOUR
	0	1	2	3	4	SCORE
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 – 8	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	LES THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY	
					YOUR TOTAL	

1 11/11(.						
					YOUR TOTAL	
6. How much alcohol of 7. How much exercise						
<b>8. On Line Password of</b> Would you like to be pro-	-	-	_	-	t Booking	g Yes/No
Please sign to confirm.	Log in inf	formation v	will be posto	ed		
	Signatu	re				
8. Sharing information	n with He	ealth & Soc	cial Care I	nformatio	on Centre	
I am happy for my pati transferred to the HSCI (No consent code for pr	C (Health	and Socia			•	ecords and Yes/No

Signature