

# KING EDWARDS & SWAKELEYS MEDICAL CENTRE

Your named accountable GP is Dr. M. Mashru

We are asked to record additional information, as below of all our new patients.

Please therefore respond to all questions.

Patient Name..... Marital status.....

Mobile phone number.....E MAIL .....

Consent given to be contacted by email Signature.....Date.....

We will send appointment reminder texts to this number

To opt out mark cross here

☐

Are you a carer?.....

## 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.....

## 3. Smoking.. Do you smoke? How much? .....

A	Never Smoked		
B	Ex smoker		For .....Years
C	Current smoker		
	1 Pipe		gm/week
	2 Cigar		/ day
	3 Cigarette		/day
	4 Roll own cigarettes		gm /week

## 4. Have you any allergies to any medicines or anything else? .....

## 5. Height:..... Weight:.....

AUDIT-C	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 – 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	

**6. How much alcohol do you consume per week?** Patients over 16.....

**7. How much exercise do you do per week ? .....**

### **8. On Line Password for Repeat Prescriptions & Appointment Booking**

Would you like to be provided with on line log in information Yes/No

Please sign to confirm. Log in information will be posted

Signature.....

### **8. Sharing information with Health & Social Care Information Centre**

I am happy for my patient confidential data to be extracted from my local records and transferred to the HSCIC (Health and Social Care Information Centre). Yes/No  
(No consent code for practice use 9nu0)

Signature.....