

Dr Jude's Practice - Sandringham

First Name _____ Surname _____
Address _____
Tel Number _____ Mobile _____
Email _____

Next of Kin Details

First Name _____ Surname _____
Address _____
Tel Number _____ Mobile _____

About You

In which country were you born?

- | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Bangladesh | <input type="radio"/> India | <input type="radio"/> Wales | <input type="radio"/> Scotland |
| <input type="radio"/> China | <input type="radio"/> Iran | <input type="radio"/> Yemen | <input type="radio"/> Ghana |
| <input type="radio"/> Czech Republic | <input type="radio"/> Iraq | <input type="radio"/> Pakistan | <input type="radio"/> Libya |
| <input type="radio"/> Egypt | <input type="radio"/> Malaysia | <input type="radio"/> England | <input type="radio"/> Somlia |
| <input type="radio"/> Hong Kong | <input type="radio"/> Nigeria | <input type="radio"/> Ireland | |
| <input type="radio"/> Other (<i>please state</i>) | _____ | | |

How would you describe your ethnic group?

- | | | | |
|---------------------------------------|---------------------------------------|---|-------------------------------------|
| <input type="radio"/> Asian | | | |
| <input type="radio"/> Bangladeshi | <input type="radio"/> Black Caribbean | <input type="radio"/> Mixed white & Asian | <input type="radio"/> White British |
| <input type="radio"/> Asian Indian | <input type="radio"/> Black African | <input type="radio"/> Mixed White & Black African | <input type="radio"/> White Irish |
| <input type="radio"/> Asian other | <input type="radio"/> Black other | <input type="radio"/> Mixed White & Black Caribbean | <input type="radio"/> White Other |
| <input type="radio"/> Asian Pakistani | <input type="radio"/> Chinese | <input type="radio"/> Yemeni | |
| <input type="radio"/> Somali | <input type="radio"/> Irish traveller | <input type="radio"/> Other (<i>please state</i>) | _____ |

What is your main spoken language?

- | | | | |
|--------------------------------|---------------------------------|----------------------------------|---|
| <input type="radio"/> Arabic | <input type="radio"/> Spanish | <input type="radio"/> Portuguese | <input type="radio"/> Russian |
| <input type="radio"/> Hindi | <input type="radio"/> Cantonese | <input type="radio"/> Urdu | <input type="radio"/> Hakka |
| <input type="radio"/> Somali | <input type="radio"/> Polish | <input type="radio"/> English | <input type="radio"/> See-yip |
| <input type="radio"/> Bengali | <input type="radio"/> Tamil | <input type="radio"/> Punjabi | <input type="radio"/> Other (<i>please state</i>) |
| <input type="radio"/> Mandarin | <input type="radio"/> Czech | <input type="radio"/> French | _____ |

Do you need an interpreter? Yes No

What is your main read language?

- | | | | |
|-------------------------------|----------------------------------|-------------------------------|---|
| <input type="radio"/> Arabic | <input type="radio"/> Urdu | <input type="radio"/> Czech | <input type="radio"/> Spanish |
| <input type="radio"/> Hindi | <input type="radio"/> Braille | <input type="radio"/> Russian | <input type="radio"/> Other (<i>please state</i>) |
| <input type="radio"/> Tamil | <input type="radio"/> Portuguese | <input type="radio"/> English | _____ |
| <input type="radio"/> Benagli | <input type="radio"/> Chinese | <input type="radio"/> Somali | |
| <input type="radio"/> Polish | <input type="radio"/> Punjabi | <input type="radio"/> French | |

Do you use: British sign language A loop system
 Lip reading Minicom

Are you an asylum seeker? Yes No

Are you a student? Yes No

Are you a carer i.e. do you look after a friend or relative who is sick, disabled, elderly, has mental health problems? Yes No

Are you cared for i.e. do you need a friend or relative to help you live your day-to-day life? Yes No

How would you describe your religion?

- None Buddhism Sikhism
 Christianity Hinduism Jehovah's Witness
 Church of England Islam Other (please state)
 Roman Catholic Judaism
-

Please tell us about your smoking status

- Smoker Ex smoker Have never smoked

If you are a smoker, which of the following do you smoke?

- Cigarettes Cigars Pipe tobacco Other
-

If you are a smoker, how many do you smoke?

Weekly _____

Daily _____

How often did you have a drink containing alcohol in the past year?

- Never
 Monthly or less
 2 to 4 times a month
 2 or 3 times per week
 4 or more times a week

| Office use |
|------------|
| 0 points |
| 1 point |
| 2 points |
| 3 points |
| 4 points |

How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2
 3 or 4
 5 or 6
 7 or 9
 10 or more

| Office use |
|------------|
| 0 points |
| 1 point |
| 2 points |
| 3 points |
| 4 points |

How often did you have 6 or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

| Office use |
|------------|
| 0 points |
| 1 point |
| 2 points |
| 3 points |
| 4 points |

How many times a week do you do any walking or physical exercise? _____

How many minutes? _____

If you would like any advice about increasing your exercise contact Health Trainer on 0300 0032 322

Online Access

Are you interested in SMS reminders? *(if yes please complete consent form)* Yes No

Are you happy for us to send you information via email? *(please complete consent form)* Yes No

Are you interested in patient access? *(If yes please complete consent form)* Yes No

Would you like your medication to go straight to you chosen pharmacy?
Please state: _____ Yes No

Would you like to opt out of SCR? Yes No

Office Use

Registration medical offered Yes No
Appointment booked for _____

ID seen: _____

| | Complete / Set up | By |
|--------------------|--|----|
| GMS1 | <input type="radio"/> Yes <input type="radio"/> No | |
| Ethnicity template | <input type="radio"/> Yes <input type="radio"/> No | |
| SMS | <input type="radio"/> Yes <input type="radio"/> No | |
| Patient access | <input type="radio"/> Yes <input type="radio"/> No | |

SCR

EPS

| | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | |
| <input type="radio"/> Yes | <input type="radio"/> No | |