

Ethnic Origin

The UK is an increasingly ethnically diverse society. Information on ethnicity is important so we can take into account culture, religion and language in planning and providing appropriate individual care and health information. For these reasons, the NHS now asks all GPs to record the ethnic origin of their new patients.

Please complete the section below

A White

British

Irish

Any other white background (please write in) _____

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please write in) _____

C Asian or Asian British

Pakistani

Indian

Bangladeshi

Any other Asian background (please write in) _____

D Black or Black British

Caribbean

African

Any other Black background (please write in) _____

E Chinese or other ethnic group

Chinese

Any other (please write in) _____

Language Spoken _____



In addition to the Family doctor services registration (GMS1) we ask all new patients for information about their general health and how they would like us to contact them. All information will be kept strictly confidential by the people caring for you.

SURNAME _____

FIRST NAMES _____

TITLE _____ SEX Male Female

DATE OF BIRTH day _____ month _____ year _____

TELEPHONE Home _____

(please indicate preferred) Work _____

Mobile _____

EMAIL _____

In the event of an emergency please contact Name _____

please contact Number _____

Completed by: Self Parent Guardian

Signed _____ Date _____

Have you ever suffered from	Yes	No	Give details
Allergies to medicines (eg. Penicillin), substances (eg. Rubber) or foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
A bad reaction to a general or local anaesthetic	<input type="checkbox"/>	<input type="checkbox"/>	_____
A serious illness or infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Treatment that required you to be in hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood refused by the Blood Transfusion Service	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are you currently	Yes	No	Give details
Taking an prescribed medicines (eg tablets, ointments, injections or inhalers, including contraceptives or HRT)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Registered disabled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carrying a medical warning card	<input type="checkbox"/>	<input type="checkbox"/>	_____

Alcohol Consumption

Teetotal
 1 unit per day
 2 - 3 units per day
 4 - 6 units per day
 7 - 9 units per day
 10+ units per day

1 unit =
 1 small glass of wine (125ml)
 1 measure of spirits (25ml)
 1/2 pint beer/lager

Alco pop/bottled beer = 1.5 units

Smoking status

Never smoked Non smoker Ex smoker
 Smoker When stopped

Smoker
 1 per day
 2 - 9 per day
 10 - 19 per day
 20 - 39 per day
 40+ per day
 Cigar smoker
 Pipe smoker

Would like to stop smoking? Yes/No

We run a 'Stop Smoking Clinic' through which you can get support and advice in quitting and medication to help if needed.

Exercise

Unable to exercise
 Avoid exercise
 Frequent light exercise
 Frequent moderate exercise
 Frequent heavy exercise

Do you care for someone else
 Are you cared for by someone else

If so who - eg Spouse, Mother
 (please enter their relationship, not name)