

**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 \_\_\_\_\_

<b>Have you ever suffered from</b>	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"/>	_____

<b>Are you currently</b>	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

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)