

**Dr Jude's Practice – Bousfield Health Centre**

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	