



Horfield Health Centre

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Horfield
Bristol
BS7 9RR

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Name:	Date of birth:
E-mail address:	Mobile No:
Can we contact you by text message and email? Yes/No	
<i>You will automatically have full online access to your medical records at date of registration</i>	
Height (metres)	Weight (kg)
BP Reading 1st	BP Reading 2nd
Smoking Status – <i>please circle</i> <i>Want help with stopping? Please make an appointment with our stop smoking advisor</i>	Tobacco - Yes / Ex-Smoker / Never Electronic Cigarette – Yes / Ex-Smoker / Never If yes how many per day?

Do you have any ongoing medical problems or disabilities that we should know about? **Yes/No**

Are you taking any prescribed medication regularly? **Yes/No**

(If yes, please bring a full list to your first appointment.)

Can we send your prescriptions to your pharmacy electronically? (NOTE: This will be faster) **Yes/No**

Please tell us your pharmacy

Please list any allergies to medicines:

Do you have any special needs, such as difficulty talking to doctors, so that it would help to have longer appointments with the doctor?

Are you able to talk to the GP in English well enough, so that you understand? **Yes/No**

If not, please tell us which is your first language:

Do you have someone who looks after you some of the time (a carer)? **Yes/No**

If yes, please let us know who it is:

Do you look after anyone else over and above standard parental responsibility? **Yes/No**

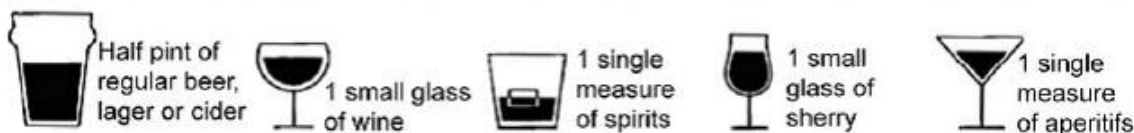
If yes, please let us know who it is:

How do you describe your ethnic group?

- | | | | |
|-------------------|--------------------------|----------------------------------|--------------------------|
| White – British | <input type="checkbox"/> | Asian – Indian | <input type="checkbox"/> |
| White – Other | <input type="checkbox"/> | Asian - Pakistani or Bangladeshi | <input type="checkbox"/> |
| Black – Caribbean | <input type="checkbox"/> | Asian – Other | <input type="checkbox"/> |
| Black – African | <input type="checkbox"/> | Other ethnic group | <input type="checkbox"/> |
| Black – Other | <input type="checkbox"/> | Mixed | <input type="checkbox"/> |



This is one unit of alcohol...



...and each of these is more than one unit



How many units of alcohol do you drink in a typical week? _____ **Unit/s**

	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 - 9	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	Less than monthly	Monthly	Weekly	Daily or almost daily	

TOTAL SCORE

TB SCREENING

- Have you lived in England for less than 5 years?** Yes/No
- If yes, which country have you lived in for the last 5 years?**
- Does that country have a lot of TB?** Yes/No
- If yes to above, please continue*
- Are you aged 16-35?** Yes/No
- Have you been tested for TB before?** Yes/No

Have you ever been treated for TB?

Yes/No
