

Please indicate your ethnic origin. This is not compulsory, but may help with their healthcare, as some health problems are more common in specific communities, and knowing their origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background please write in below

B Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background please write below

C Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background please write below

D Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other black background please write below

E Chinese or other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other please write below

Welcome to The Paddock Surgery

New Patient Health Form

(for patients aged 16 and under please complete page 1, top of page 2 & page 4)

Welcome to the Paddock Surgery. While you are a patient with the practice we will aim to provide you with the best possible health advice and treatment at all times. In order to do this we would encourage you to read our Practice Leaflet so that you know what services we offer and how best to access them.

While we are waiting for your medical records to arrive from your last GP, it would help us greatly if you could complete this questionnaire. Once your records arrive our Healthcare Assistant will invite you for a new patient check.

If you take repeat medication you will need to come and see the doctor for your first prescription - please remember to bring your medication with you.

Name:	Date of birth
Address:	
E-mail address:	
Home tel:	Mobile tel:
We are able to send text messages to remind you about appointments etc. Would you like us to send you these reminders? YES <input type="checkbox"/> NO <input type="checkbox"/> (a mobile number must be provided)	
NHS Summary Care Record	
NHS England has introduced the NHS Care Records Service. This is to improve the safety and quality of patient care. Please read the leaflet in your pack 'How we use your health record' and tick one of the boxes below. If no box is ticked you will automatically be opted into the service.	
Opt in <input type="checkbox"/>	Opt out <input type="checkbox"/>

Country of birth:	Main language:
Do you need an interpreter / British Sign Language interpreter? YES / NO	
Next of kin and relationship to you:	
(for children under 16 please provide full names of parent (s))	
Do you have any allergies including those relating to medication? YES / NO If yes please give details	

Do you have a disability **YES / NO**
If **Yes**, what is the nature of your disability?
 Sensory Mobility Physical Co-ordination

Do you have any information or communication needs? **YES / NO**
If you have answered YES can you please let us know below how we can help meet your needs.

Is there a family history of:		Which family member (do not include great grandparents)?
Diabetes	Y / N	
Heart Disease before the age of 60	Y / N	
Heart Disease after the age of 60	Y / N	
Stroke	Y / N	
Cancer	Y / N	If yes—which type

Smoking - please circle which one relates to you
 Never smoked / Smoker / Ex-smoker ofcigarettes/cigars/ounces per day

How many years have you smoked / did you smoke for?

Because alcohol can affect your health and can interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential so please be honest.
 Place an X in one box that best describes your answer to each question.

Alcohol	Scoring System				
	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times a week	4 or more times a week
How many standard alcoholic drinks do you have on a typical day when you are drinking? *	1 or 2	3 or 4	5 or 6	7 or 8	10 or more
How often do you have 6 or more standard drinks on one occasion? *	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
TOTAL					

* as a guide a standard drink is 1 unit of alcohol i.e. a small glass of wine, ½ pint of beer, a single measure of spirits