Wallingford Medical Practice
Pre-Registration Questionnaire

Full Name:		Date of Birth:		
Occupation:		Marital Status:		

Communication	Home:		Work:		
	Mobile:		Other:		
	e-mail:				

Have you worked in the armed forces:	Yes	☐	No	☐	13q3

Your Ethnic Origin:		White - (British/Irish/European or Other) Mixed - (White & Black/Caribbean/White & Black African/White & Asian or Other Mixed Background) Asian - (Asian British/Indian/Pakistani/Bangladeshi or Other Asian Group) Black - (Black British/Black Caribbean/Black African or Other Black Background) Chinese - Other
Main Language:		

Do you care for an elderly or infirm relative?	Yes	☐	No	☐	
Name of Person cared for:					RR

Next of Kin:		Relationship:		RR
Address if different to your own:		Contact Number:		
		Post Code:		

Please tick the appropriate box/boxes if you have been diagnosed with any of the below:

Asthma	☐	COPD	☐	Diabetes	☐	Coronary Heart Disease	☐	NA
Hypertension	☐	Stroke	☐	Epilepsy	☐	Hypothyroidism	☐	NA
Mental Illness	☐	Cancer	☐					NA

Are you on regular/repeat medication?	Yes	☐	No	☐	DA

Please list any allergies you may have:

[a]		[c]	
[b]		[d]	

Are you a current smoker?	Yes	☐	No	☐	How many a day?	
Have you ever smoked?	Yes	☐	No	☐	Date Stopped?	
Would you like advice on giving up smoking?	Yes	☐	No	☐		8CAL

Blood Pressure:	It is practice policy to record BP of all patients over 45	=		PR

BMI Information	Weight	=		Height	=		PR

FOR WOMEN ONLY	Do you have a coil fitted?	Yes	☐	No	☐	
	Have you had a coil check recently?	Yes	☐	No	☐	JC/ TC
	Are you pregnant at the moment?	Yes	☐	No	☐	DA/ MW

FOR U 16's ONLY	Name of current/last school attended?		
	Dates from when you started and left this school?		
	Who has parental responsibility for this child?		

Wallingford Medical Practice
NHS Registration Form

It is a policy of this practice to only register patients for free NHS treatment who can prove their entitlement to be registered on the NHS

Please tick appropriate box:

		For Office use	
I am a U.K. citizen permanently residing in the UK	❑	*Purple Reg form*	❑
		Medical card	❑
I am a U.K. citizen *not* normally residing in the UK	❑	*Check UK address*	❑
		Check utility bill	❑
I am a non U.K. citizen permanently living and/or working in the U.K. for more than 6 months	❑	*Check Passport*	❑
		Visa entry/exit	❑
		Work Permit	❑
		UK address	❑
I am a non U.K. citizen working or living in the UK for less than 6 months	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen visiting the U.K. and need urgent medical treatment	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen wishing to see a doctor for a non urgent condition	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen who needs treatment for a medical condition listed on form E112	❑	*Check form E112 Immediately necessary*	❑

As a practice before registering a patient we will need to see proof of status. No patient can be registered on the NHS without producing requested documentation.

I declare that all the information I've provided on my registration forms to Wallingford Medical Practice is true. Eligible

Please note that if a non entitled person is accepted on to a GP's list and subsequent hospital referral is made it is likely to be charged by the hospital.

Data protection Act 1998
Whilst registered here your confidential records are kept on our computer system and are used for giving health care and treatment. Information is only passed on if there is genuine need and information used for research will only be used with your consent. Anonymous statistics are collected for managing and planning the NHS.

The use of generic e-mail addresses
❑ *Please tick this box to indicate that; If you are using a generic e-mail address you accept that personal information about yourself could be displayed to other members of your family/household*

Signed:		**Date:**	

8CAL = Read Code	RR – Registration Reminder	PR – Protocol Reminder	NA – Nurses Appointment	DA – Doctors Appointment
13q3 = Read Code in the notes 13q3 – Served in Armed Forces				

<u>AUDIT – C</u>

Questions	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	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

Score from AUDIT- C (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence