

Dr Deverell, Dr Pharaoh, Dr Graeme-Barber and all their staff welcome you as new patients to The Old Dispensary. It would be very helpful if you could fill in this form as sometimes your notes take time to arrive or are incomplete. We look forward to meeting you.

Name		Date	
Address: Telephone No: email:		Marital Status	
		Date of Birth	
		Occupation	
Never Smoked	Ex. Smoker Date stopped:	Smoker Number per day:	
Exercise (type and amount)	Height	Weight	
Allergies			
LIST ANY SERIOUS MEDICAL PROBLEMS INCLUDING OPERATIONS			
Date		Date	
LIST ALL MEDICATIONS YOU ARE AT PRESENT TAKING			
Would you wish to have a flu vaccination if it were offered? Yes/No			
FAMILY MEDICAL DETAILS (IF KNOWN) Details of children (if appropriate) – names, ages, male/female			
<i>Do your relatives have (or have they had) any of the following?</i>	Yes/No	Who (e.g. parents, grandparents, brother/sisters etc)?	Age
			at onset now Or when deceased
Heart disease under age 60			
Heart disease over age 60			
Stroke			
High blood pressure			
Diabetes			
Breast cancer			
Ovary cancer			
Bowel cancer			
Prostate cancer			
Please tell us if you have any special needs that we need to consider - The more we know about you the better (general problems/social/disability/special needs/requests):			

NOW PLEASE TURN OVER THE PAGE AND COMPLETE THE REVERSE. THANK YOU.

Do you wish to opt-out of having your confidential medical information placed on a central NHS computer system? *YES

*saying YES to this question will allow people outside the practice to access this information.

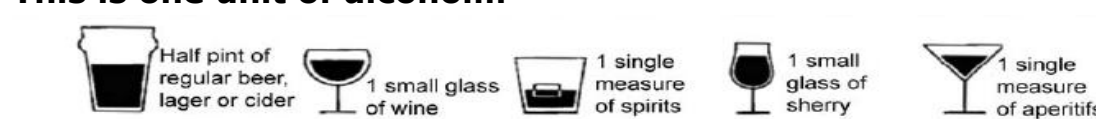
Are you are carer? YES/NO - If YES please give details

Do you have a carer? YES/NO - If YES please give details

N.B. IF YOU HAVE A CARER YOU HAVE THE RIGHT TO HAVE THEM WITH YOU AT YOUR APPOINTMENT SHOULD YOU WISH

ALCOHOL QUESTIONNAIRE – **Please complete the following by ticking the answers that are correct for you:**

This is one unit of alcohol...



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



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	

Please tick one of the following:

WHITE	British		Irish		Other	
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ASIAN or ASIAN BRITISH	Indian		Pakistani		Bangladeshi		Other	
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BLACK or BLACK BRITISH	Caribbean		African		Other	
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OTHER ETHNIC BACKGROUND	Other		Chinese	
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Ethnic Monitoring : Please can you advise your first language.....

PLEASE NOTE: If you are aged 75 or older your named GP is Dr Mark Deverell.

Thank you for completing this questionnaire. It will be of great help to us.

The Old Dispensary



Patient Participation Group

Our Patient Participation Group is a way of encouraging patients to give their views about how The Old Dispensary is doing. We would like to be able to find out the opinions of as many of our patients as possible and are asking if patients would provide their e-mail addresses so that we can make contact by e-mail every now and again and ask you a question or two.

Please fill in your name and e-mail details at the bottom of this form and either post it in the repeat prescription/suggestion box inside the front door or hand it to one of our receptionists.

If you don't have email but would like to participate, please complete your name and address details at the bottom of the form.

Your contact details will only be used for this purpose and kept safely.

In the coming months, we will be carrying out surveys to find out what patients think of our services and publishing the results. Your suggestions will help us to gather ideas for improvements or modifications to the services that we provide.

Name..... Age.....

Email Address.....

Date.....