SUMMERTOWN HEALTH CENTRE
160 Banbury Road, Oxford, OX2 7BS www.summertownhealthcentre.co.uk
Tel: 01865 515552 Fax 01865 311237

Rec'd by _____

Proof of ID/Address----------

EMIS No----------

Reg By----------

Inform GP----------
For Office Use Only

NEW PATIENT REGISTRATION QUESTIONNAIRE – PART 1
to be completed by all patients 17 years and over

This information will help us to provide you with the best care until your full medical records are received. Please hand it to the receptionist when completed.

Title and Last Name	ALL Forenames
Male ☐ Female ☐	Date of Birth
Address	

We may wish to communicate with you on matters relating to your health or to text you reminders about your appointments. If you are happy for us to contact you by mobile and/or email please complete details below.

UK Mobile number_____

Email address_____

Home telephone number: _____

Preferred method of contact if not one of the above: _____

Work Tel No:	Occupation:
Do you have significant (unpaid) caring responsibility for someone?	**Yes** ☐ **No** ☐

Next of kin

Name:_____ Tel number: _____

Relationship: _____

MEDICAL HISTORY
Have you ever suffered from? (tick as appropriate and please put date of diagnosis)

	Date diagnosed		**Date diagnosed**
Epilepsy	☐ Date	Thyroid Disorder*	☐ Date
High Blood Pressure	☐ Date	Chronic kidney disease	☐ Date
Heart Attack	☐ Date	Diabetes*	☐ Date
Stroke	☐ Date	Depression	☐ Date
Cancer*	☐ Date	Mental Health Problems*	☐ Date
Eczema	☐ Date	Asthma	☐ Date
Hayfever	☐ Date	COPD	☐ Date
Blindness/partially sighted*	☐ Date	Other (please give details):	
Glaucoma	☐ Date		

***If you have ticked any of the above, please give more details:**

Are you currently under medical care of any sort**?** **Yes ☐ No ☐**
If yes, please describe

Do you suffer from any allergies? **Yes ☐ No ☐**
If yes, please describe

Are you taking any regular medication? **Yes ☐ No ☐**
If yes, please describe

Do heart attacks and strokes tend to occur in young members of your family (less than 60 years old)? **Yes ☐ No ☐**
Give details of any illness which tends to occur in your family.

What is your present weight? _____ | How tall are you? _____

If you are aged 45 or above, please take your blood pressure on the machine in the waiting room and record here:

Do you smoke? **Yes ☐ No ☐ Never Smoked ☐ Ex-smoker ☐ Date stopped** _____

If yes, would you like help to stop? **Yes ☐ No ☐**

Have you had a cervical smear test? **Yes ☐ No ☐**
Details of smear testing:

Do you drink alcohol? **Yes ☐ No ☐**

Alcohol Users Disorders Identification Test (AUDIT) C

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

Scoring: A total of 5+ indicates hazardous or harmful drinking

If your score is more than 5 please complete the AUDIT questionnaire (last page)

Please complete this section if you are aged 17 – 25 inclusive

Vaccine	Date given
Measles, Mumps and Rubella (MMR) **1st**	
Measles. Mumps and Rubella (MMR) **2nd**	
Meningitis ACW&Y **(NOT Men C)**	

ETHNIC GROUP DATA COLLECTION - STRICTLY CONFIDENTIAL

The Health Service needs to know the ethnic group of patients for the purpose of planning. This is to make sure that all sectors of the community have equal access to the services provided. Ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family**. It is not the same as nationality.** The information given will be treated in the strictest confidence.

The information is used only by National Health Service Staff and will not be passed on to other agencies, or used for any other purposes.

☐ White – British	☐ White – Irish	☐ Any other White	☐ Mixed – White and Black Caribbean	☐ Mixed – White and Black African
☐ Mixed – White and Asian	☐ Any other mixed background	☐ Indian	☐ Pakistani	☐ Bangladeshi
☐ Any other Asian background	☐ Black – Caribbean	☐ Black – African	☐ Any other Black background	☐ Chinese
☐ Any other Ethnic Group		☐ Do not want to give Ethnic Group		

Is your first language English? ☐ Yes ☐ No If no, please specify _____

AUDIT - Only to be completed if you scored more than 5 on the AUDIT C

Questions	Scoring System					Your Score
	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 per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone 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/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence.