



The Alresford Surgery

Station Road
ALRESFORD
Hampshire
SO24 9JL

Telephone: 01962 732345

It can often take many weeks before the records arrive from your previous doctor. To help us until then please fill in the form below as honestly and completely as you can.

This is in the strictest confidence.

| DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS? YES / NO | |
|---|---------------|
| If Yes (tick as appropriate) | Sign Language |
| | Large Print |
| | Other |

| Personal Details | | | |
|---|---|-----|--|
| Sex | Male / Female | DOB | |
| Title | | | |
| Forenames | | | |
| Surname | | | |
| Address | | | |
| Telephone number (home) | | | |
| Telephone number (work) | | | |
| Telephone number (mobile) | | | |
| Email address | | | |
| Name of next of kin and telephone number. | | | |
| Name and address of last doctor | | | |
| Ethnic origin | White – British/Irish/Scottish/other white ethnic group Black – British/Caribbean/African/other (please specify) Indian Pakistani Chinese Other ethnic (non mixed – please specify) Other ethnic (mixed – please specify) Irish traveller Other Asian (please specify) Other (please specify) Declaration refused | | |

| | |
|--|---|
| Language | My first language is |
| Health Questionnaire | |
| Please complete or tick or circle the most appropriate statement. | |
| Smoking | <p>I have never smoked.</p> <p>I gave up smoking years ago</p> <p>I smoke cigarettes per day.</p> <p>I smoke cigars per day.</p> <p>I smoke oz pipe tobacco per day.</p> |
| <p>Family history</p> <p>Please tick those which apply to any of your family members.</p> | <p>Angina or heart attack before the age of 60.</p> <p>Angina or heart attack after the age of 60.</p> <p>High blood pressure.</p> <p>Stroke.</p> |
| Exercise (per week) | <p>No moderate or vigorous activity of 20minutes duration.</p> <p>1-4 occasions of mixed moderate/vigorous activity.</p> <p>5-11 occasions of mixed moderate/vigorous activity.</p> <p>12 or more occasions of moderate activity.</p> <p>12 or more occasions of mixed moderate/vigorous activity.</p> <p>12 or more occasions of vigorous activity</p> |
| Drugs and medicines | Please list any medicines including tablets, capsules, inhalers, creams, contraceptive pill etc you are using, including the name and the dosage. |
| Allergies | Please list any medications you are allergic or sensitive to. |
| Immunisations | <p>Have you had a tetanus injection in the last ten years? Yes / No</p> <p>And what was the year of your last injection?</p> |
| Women only | <p>Have you ever had a cervical smear? Yes / No</p> <p> If Yes, please give the date of your last smear.</p> <p> And was this carried out at your GP's surgery? Yes / No</p> <p>Have you ever been pregnant? Yes / No</p> <p> If yes, how many times?</p> <p>Have you been immunised against Rubella? Yes / No</p> |
| <p>Thank you for completing this form for our records. All new patients over 6 years of age are invited to have an introductory health check. However, this offer is only open for three months! Please make an appointment with a doctor at your earliest convenience and please bring a small urine sample with you to your appointment.</p> | |

Alcohol Questionnaire

| 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 | |

If your score is more than 5 please complete the next section.

Alcohol Users Disorders Identification Test (AUDIT)

| 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 or 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, 20+=possible dependency