

PLEASE COMPLETE ALL SECTIONS OF THIS BOOKLET FOR YOUR REGISTRATION PROCESS

It may take a few weeks for your old notes to arrive, so in order to help us better co-ordinate your care, please answer the following questions:

Name:..... Date of birth:.....

Telephone number:..... Mobile Number:.....

Email Address:.....

Known allergies:.....

Height:..... Weight:.....

BP:..... Do you smoke?.....How many?.....

Would you like help to stop smoking?.....

Do you have any medical conditions such as:

- Asthma
- Diabetes
- COPD (Chronic Obstructive Pulmonary Disease)
- High Blood Pressure
- Epilepsy

Are you pregnant?

Any other medical condition not stated.....

.....
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Alcohol status

Q1:How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times a week

Daily

Q2:How many drinks containing alcohol do you have when you drink.

1 to 2

3 or 4

5 or 6

7 to 9

10 or more

Q3:How often do you have six or more drinks on one occasion?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Ethnicity Questionnaire

English Speaker?

YES

NO

What is your main spoken language?.....

Which ethnic group do you belong to:

British/mixed

Irish

Other white

W&B Caribbean

W&B African

White & Asian

Other Mixed

Indian/British

Pakistani/British

Bangladesh/British Bangladesh

Other Asian

Caribbean

African

Other Black

Chinese

I DO NOT WISH TO DISCLOSE MY ETHNIC GROUP

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White & Asian

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Indian/British

Pakistani/British

Bangladesh/British Bangladesh

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African

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