**Logo, company name

Description automatically generated Drs Cook, Teff, Embling & Cuff**

The Surgery, Bissoe Road, Carnon Downs, Truro, TR3 6JD - Telephone: 01872 863221

**ADULT REGISTRATION QUESTIONNAIRE**

This questionnaire will be placed in your medical records and will remain confidential

**PLEASE BRING A FORM OF PHOTO I.D. WITH THESE FORMS -** (e.g. Passport or Driving Licence)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** |  | **Forenames:** |  | |
| Previous Surname: |  | Date of Birth: |  | |
| Preferred Title: |  | Preferred Pronouns: |  | |
| Home Address:  Postcode |  | | | |
| Home telephone: |  | | | |
| Mobile Number: |  | Do we have permission to send you text reminders? | | Y / N |
| Email address: |  | Do we have permission to contact you via email? | | Y / N |
| Marital Status: |  | Occupation: | |  |
| Next of Kin: |  | Relationship of Next of Kin | |  |
| Contact No. for NOK : | | Are you a veteran? | | Y / N |
| Do you have any special communication needs? | | Y / N *(give details)* | |  |
| Gender: |  | Is your gender different to that which you were assigned at birth/do you identify as trans? | |  |
| Sexual Orientation: | Heterosexual/Straight Gay/Lesbian Bisexual Other Prefer not to say | | | |
| Previous GP and  Surgery address |  | | | |

**PLEASE COMPLETE THESE QUESTIONS GIVING BRIEF DETAILS IF YOUR ANSWER IS YES**

|  |  |  |
| --- | --- | --- |
| Are you receiving any medicines, tablets or creams on a prescription? If so please list below | | |
|  | | |
| Do you have any allergies? If so please list below | | |
|  | | |
| Are you currently under the care of a hospital specialist or awaiting admission to hospital? Give details | | |
|  | | |
| Date of last cervical smear (if known) |  | |
| What is your current weight? (kg or stones/lbs) |  | |
| If possible please take a home BP reading and record here |  | |
| Do you know your height? (cm or feet/inches) |  | |
| Do you currently smoke? Y / N | How many per day? |  |
| If you are an ex-smoker, when did you stop? |  | |
| Do you look after anyone, are you a carer?  (spouse, relative, neighbour if so please detail) | Y/N *Details:* | |

**HEALTH CONDITIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **CONDITION** | **YES** | **NO** | **DETAILS** |
| Diabetes |  |  |  |
| Raised blood pressure |  |  |  |
| Blood disorders/anaemia |  |  |  |
| Heart disease/heart attack/angina |  |  |  |
| Asthma/hay fever/eczema |  |  |  |
| Lung disease/bronchitis/emphysema |  |  |  |
| Stroke/TIA |  |  |  |
| Skin disorders |  |  |  |
| Epilepsy/blackouts |  |  |  |
| Nervous disorders/depression |  |  |  |
| Thyroid condition |  |  |  |
| Bladder or kidney disorder |  |  |  |
| Stomach or bowel disorders |  |  |  |
| Hepatitis/jaundice |  |  |  |
| Cancer |  |  |  |
| Any operations |  |  |  |

**PLEASE COMPLETE THE FOLLOWING ABOUT YOUR ALCOHOL CONSUMPTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Score 0** | **Score 1** | **Score**  **2** | **Score**  **3** | **Score**  **4** | **Total Score** |
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-4 times/month | 2-3 times/week | 4+ times/wk |  |
| 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

**ETHNICITY**

The Department of Health are collecting this information to help the NHS and Social Services to understand the needs of patients and service users from different groups, identify risk factors, improve public health and comply with the law. The 16 ethnic groups used are standard categories and allow most people to identify themselves. If you need to complete the box labelled 'Other ethnic background', please give details so that we can better understand your needs. If you do not wish to provide this, please tick the 'Information refused' box at the end of the list. Please tick the description which you feel is most appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| White - British |  | Asian or Asian British - Bangladeshi |  |
| White - Irish |  | Other Asian background |  |
| Other - White background |  | Black or Black British - Caribbean |  |
| Mixed - White and Black Carribean |  | Black or Black British - African |  |
| Mixed - White and Black African |  | Other Black background |  |
| Mixed - White and Asian |  | Chinese |  |
| Other mixed background |  | Other ethnic background |  |
| Asian or Asian British- Indian |  |  |  |
| Asian or Asian British - Pakistani |  | Information refused |  |