EASTVILLE MEDICAL PRACTICE

Dr Bowler Dr Douglas Dr Kim
Dr Clausen Dr Hatton Dr Smith Dr Cove
0117 2444123

Title:	**Mr / Mrs / Miss / Ms / Dr**
Surname: (family name)	
Forenames:	
Address & Postcode	
Telephone number:	
Date of birth:	
Do you consent to receive text messages from the Practice? YES / NO Text messaging is used for various communications, including appointment reminders and test results. Only consent to this if you are happy to receive this information by text. Please keep us informed of any changes to your phone number.	
Next of kin Please record the name and relationship of your immediate next of kin	

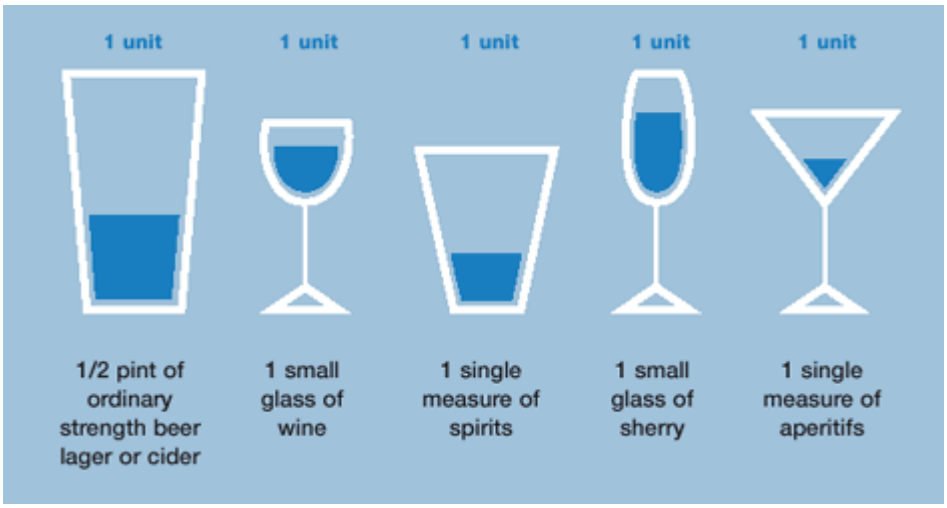
Do you consent to having a Summary Care Record? YES / NO

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care.
The SCR is a copy of key information held in your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you when you need unplanned care or when your GP practice is closed.

If you would like further information, please ask for a leaflet from reception.

Does someone look after you? YES / NO	
If yes, would you like them to deal with your health affairs here? YES / NO If yes, please ask at reception for a Named Person Consent Form	
Do you look after someone? YES / NO (if yes, we will record this in your record) We have information on carer support that may assist you. Please ask at reception if you would be interested in this, or tick here to receive it by post ☐	
What significant illnesses and operations have you had?	
Do you have any medical problems at the moment?	
Please list any allergies you have:	
Please list any tablets, medicines or other treatments you are taking (including those bought from a chemist):	
What is your height?	**What is your weight?**
Have any of your close family had a stroke / heart attack / angina under the age of 60 years? If so, who and what did they have?	
Are there any serious diseases that affect members of your family?	
Have you ever smoked? YES / NO	**Do you smoke now?** YES / NO
If you smoke, how much each day?	
Smoking is known to be harmful to your health. If you are a smoker and do wish to stop we can help you. Please mention this at your new patient health check, and we will arrange an appointment with one of our trained smoking cessation advisors.	

Alcohol:



Units

QUESTIONS	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	7-9	10 +	
How often do you have 6 or more standard drinks on one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

WOMEN ONLY: When did you last have a cervical smear?

WOMEN ONLY: Are you currently pregnant? YES / NO

Thank you for completing this questionnaire.

Patient Profiling Form

Practice/GP: …… Date of Birth: ……..

Patient Name: …… Postcode: ……

1. What do you consider to be ethnic origin ?

Asian or Asian British
- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Asian other (please state)

……

Black or Black British
- ☐ African
- ☐ Somali
- ☐ Caribbean
- ☐ Black other (please state)

……

Mixed Background
- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ Other mixed background (please state)

……

White
- ☐ British
- ☐ Irish
- ☐ White other (please state)

……..

Other Ethnic Group
- ☐ Chinese
- ☐ Any Other (please state)

……

2. In the clinic which language do you **usually** speak and read? Please tick the appropriate language(s) below

Speaking	**Reading**	**Language**	**Speaking**	**Reading**	**Language**
		English			Punjabi
		Albanian			Russian
		Bengali			Somali
		Cantonese			Spanish
		Farsi			Turkish
		French			Urdu
		Gujarati			Other (please state)
		Hindi			
		Mandarin			
		Polish			

THANKYOU FOR HELPING US

☐ I do not wish to complete this form

How would you describe your religion?

- ☐ Christianity (all denominations)
- ☐ Islam
- ☐ Judaism
- ☐ Sikhism
- ☐ Hinduism
- ☐ Buddhism
- ☐ None
- ☐ Other (please state)

……

- ☐ Prefer not to say

Checking your Blood Pressure (BP)

It is important that we have an up-to-date BP reading for you. Please use our BP machine to check your own blood pressure – reception can advise you where to find it.

Please fill out the form below with your BP reading(s), and hand it to a receptionist.

Please make sure that you are rested and relaxed and then follow the manufacturer's instructions on how to use the machine.

If you take a reading and it comes out higher than 140/90, please rest for a minimum of 5 minutes and take another reading. If the second reading is still higher, please get advice from reception.

If you have already been given a blood pressure target by your doctor, please continue to use this as your guide.

Would you like to know more about Blood Pressure?

Please help yourself to a Blood Pressure booklet (located next to the BP machine).

Please record the following details and pass this form to reception
We may contact you if necessary.

Blood pressure

Reading 1			Reading 2 (if 1st 140/90 or more)		
SYSTOLIC (1st number)	DIASTOLIC (2nd number)	PULSE	SYSTOLIC (1st number)	DIASTOLIC (2nd number)	PULSE

Thank you