CROSSLEY STREET SURGERY
New Patient Data Questionnaire

Please take the time to complete the following details and return this form with our other registration documents. Thank you in advance for your co-operation.

General Information

Name ……..…… Date of birth ……

Phone Number ..…… Mobile Phone No ……

Email ……..

Do we have your consent to send you text messages ……

Ethnicity

White British	☐	Black African	☐	Chinese	☐
White Irish	☐	Black Other – non mixed	☐	Other – non mixed	☐
White Scottish	☐	Black Other – mixed	☐	Other – mixed	☐
Other White British	☐	Indian	☐	Traveller	☐
Black British	☐	Pakistani	☐		
Black Caribbean	☐	Bangladeshi	☐		

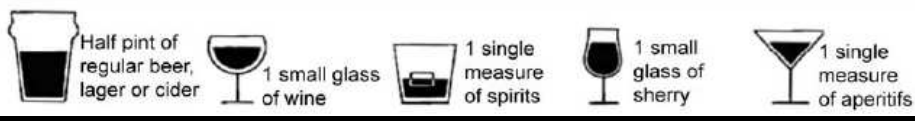
Health-Related Information

We are interested in prevention of medical problems. We are grateful for your help in answering these questions so we can identify the best ways to assist you with regards to health promotion.

Alcohol

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

This is one unit of alcohol…



Smoking

Do you smoke? Yes ☐ No ☐

If **No** – Have you ever smoked? Yes ☐ No ☐

If you have stopped smoking, when did you stop? ……

Please turn over

Memory

Do you have concerns regarding your memory? If so, please ask to speak to a GP or Practice Nurse.

Family History

Please indicate if a member of your family has a history of any of the following illnesses: -

	Mother	Father	Brother	Sister	Children
Heart Attack	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
Epilepsy/Fits	☐	☐	☐	☐	☐

Communication Needs

Do you have any specific communication needs? (e.g. hearing or visual loss, other disability affecting receiving and understanding information)

Using British sign language	☐
Uses sign language	☐
Does use hearing aid	☐
Using lip-reading	☐
Uses deafblind intervener	☐
Uses communication device	☐
Uses speech to text reporter	☐
Uses lipspeaker	☐
Uses cued speech transliterator	☐
Uses a legal advocate	☐
Uses manual note taker	☐

If YES then please state if you have a preferred method of communication? (e.g. prefer contact by telephone, letter, text. Or prefer information verbally, in small print or require an interpreter)

Interpreter needed - British Sign Language	☐
Hands-on signing interpreter needed	☐
Requires information verbally	☐
Requires information in Easyread	☐
Requires contact by telephone	☐
Requires contact by email	☐
Requires contact by letter	☐
Requires contact by SMS text message	☐
Requires manual note taker	☐
Sign Supported English interpreter needed	☐
Requires lipspeaker	☐

We will take your above preferences into account where possible in future contact