

# Constable Country Medical Practice

## NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

Surname: ..... Forename: .....

Date of Birth: ...../...../.....

Address: .....

Post Code: .....

Marital Status: Single / married / co-habiting / divorced / widow / other .....

Religion: ..... Occupation: .....

Email: .....

Home Tel: ..... Work: ..... Mobile: .....

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

Ethnicity: ..... First Language: ..... English Speaking YES/NO

### NEXT OF KIN DETAILS

Name: ..... Relationship: ..... Tel: .....

Address: .....

### ALLERGIES

### MEDICAL HISTORY/MEDICATION

### FAMILY HISTORY

**SMOKING STATUS** (please delete as applicable)

Smoker YES/NO How many per day ..... Ex smoker YES/NO Never smoked YES/NO

**ALCOHOL STATUS**

- How often do you have a drink containing alcohol (please circle):  
n/a / never / monthly or less / 2-4 times a month / 2-3 times a week / 4 or more times a week
- How many standard alcohol drinks do you have on a typical day when you are drinking (please circle): n/a / 1-2 / 3-4 / 5-6 / 7-9 / 10 or more
- How often do you have 6 or more standard drinks on one occasion (please circle):  
n/a / never / less than monthly / monthly / weekly / daily or almost daily

Alcohol units per week ..... (1 unit = 1/2 pint, 1 glass of wine, 1 pub measure of spirits)

**EXERCISE STATUS** (please tick as appropriate below)

**Physical Activity at Work**

Please tell us the type and amount of physical activity involved in your work. Please circle the option that is closest to your present work from the following five possibilities:

- I am not in employment (eg retired, retired for health reasons, unemployed, full-time carer etc)
- I spend most of my time at work sitting (such as in an office)
- I spend most of my time at work standing or walking. However my work does not require much intense physical effort (eg shop assistant, hairdresser, security guard, childminder etc)
- My work involves definite physical effort including handling of heavy objects and use of tools (eg plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc)
- My work involves vigorous physical activity including handling of very heavy objects (eg scaffolder, construction worker, refuse collector etc)

**Physical Exercise**

During the last week how many hours did you spend on each of the following activities:

	None	Less than 1 hour	1-3 hours	3+ hours
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc				
Cycling, including cycling to work and during leisure time				
Walking, including walking to work, shopping, for pleasure etc				
Housework/childcare				
Gardening/DIY				

**Walking Pace**

How would you describe your usual walking pace? (circle the most appropriate option)

- a) Slow pace (less than 3 mph)   b) Steady average pace   c) Brisk pace   d) Fast pace (over 4 mph)

**CARERS**

A carer is an individual, irrespective of age, who provides or supervises a substantial amount of care on a regular basis for a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment. A carer can be a child looking after an older person or parent, or an older person looking after a disabled partner. The person being cared for may, or may not, be registered at the Carer's practice.

The term "carer" would not normally apply if the person is:

- a paid carer
- a volunteer from a voluntary agency
- anyone providing personal assistance for payment either in cash or kind

Do you have a carer? YES / NO

If YES would you like them to deal with any health affairs on your behalf? YES / NO

Are you a carer? YES / NO If YES do you need carer's support? YES/NO

**FEMALE PATIENTS**

Are you registering from outside the UK and eligible for cervical screening services (ie females aged 25-65)? YES / NO

**SMS Consent**

I consent to appointment confirmations / reminders / test results etc being sent to me by SMS text message YES / NO

**SIGNATURE:**

**DATE:**

.....

...../...../.....

**For office use only:**

Form accepted by: ..... (initials)

Confirmation of address seen:

Type of confirmation seen: (this must be official and not confirmation of an online purchase for example)

- Driving licence
- Utility bill
- Bank/credit card statement
- Other (please state what seen)