

# LOWFIELD MEDICAL CENTRE

## NEW PATIENT REGISTRATION FORM

Welcome to Lowfield Medical Centre. It would be helpful to have some basic information from you to assist us while we await your medical records from your previous surgery. **All information is strictly confidential.**

NAME: ..... Date of Birth: \_\_ / \_\_ / \_\_\_\_  
ADDRESS: .....  
..... POST CODE: .....  
TEL No: ..... WORK: .....  
MOBILE: ..... EMAIL: .....

**CHILDREN UNDER 5 YEARS OF AGE:** Parents/guardians: Please bring the child's "red book" or immunisation record to the surgery, so that it can be checked to ensure it is up to date.

**NAME OF NEXT OF KIN:** ..... **CONTACT No:** .....

**CARERS:** Are you a carer for someone?  Or do you have a Carer?

**NAME OF CARER:** ..... **CONTACT No:** .....

**WHICH ETHNIC GROUP DO YOU BELONG TO?:** (please tick one box)

- White British  Black or Black British  Chinese  Mixed  Asian or Asian British  Other Ethnic Group  
 Would rather not say  Please state what other ethnic group .....

**FEMALE PATIENTS AGED 20 – 64 YEARS:**

When was your last cervical smear? ..... (if not sure, please give approximate date)

Was it normal?  Yes  No

**If you know you are due a smear test, please book an appointment with our Nurse**

**ARE YOU PREGNANT?**

Have you had your Whooping Cough immunisation:  Yes  No

**SIGNIFICANT MEDICAL HISTORY:**

.....  
.....

**MEDICATION:** (Please list any regular medications you are taking, including inhalers, creams etc\*)

.....  
.....

**\* You will need to make an appointment with a Doctor in order to receive repeat medication**

**ALLERGIES:** .....

**OCCUPATION:** .....

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By: Jiksha Patel

CONTINUED:-

- DO YOU SMOKE?  NO  YES – how many per day? .....
- HAVE YOU EVER SMOKED?  NO  YES – when did you stop? .....
- DO YOU DRINK ALCOHOL?  NO  YES – how many units per week? .....

(One unit is half a pint of beer or lager, a small glass of wine or a single measure of spirits)

**FAMILY HISTORY:**

.....  
.....

**Consent:**

Consent to be contacted by mobile telephone: YES/NO or by landline: YES/NO  
(All telephone calls are recorded for training purposes)

Consent to have messages left on answer-machine: YES/NO

Consent to receive communication via e-mail: YES/NO

Consent to receive communication via SMS: YES/NO

(SMS communication is operated through the third party provider *iPlato and AccuRx*, who are fully GDPR compliant. Working with them we are able to provide services including SMS appointment reminders.)

**Privacy Information:**

Patient Privacy is important to us, and Lowfield Medical Centre would like to communicate with you regarding any activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.

*Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by informing the reception team.*

Please complete this form and hand it in at the practice reception if you consent to any, or all, of the above.

SIGNATURE: ..... Print name: ..... Date: \_\_/\_\_/\_\_\_\_

**Anonymised Data Collection**

Lowfield Medical Centre contributes to the Royal College of General Practitioners (RCGP) and the Clinical Practice Research Datalink (CPRD). This involves the collection of anonymised data that provides enormously helpful information for public health and medicines safety. No patient identifiable data is used. Please indicate whether you are happy to have your record be involved in this process:

- YES
- NO

SIGNATURE: ..... Print name: ..... Date: \_\_/\_\_/\_\_\_\_



Reviewed: 9<sup>th</sup> February 2021

By: Jiksha Patel  
Royal College of  
General Practitioners

**PATIENT NAME:** ..... **D.O.B.** .....

**Alcohol use disorders identification test consumption (Audit C)**

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT)

| Questions   | Scoring System |                 |                       |                       |                          | Your Score |
|---|----------------|-----------------|-----------------------|-----------------------|--------------------------|------------|
|   | 0              | 1               | 2                     | 3                     | 4                        |            |
| How often do you have a drink containing alcohol?   | Never          | Monthly or less | 2 to 4 times per week | 2 to 3 times per week | 4 or more times per week |            |
| How many units of alcohol do you drink on a typical day, when you are drinking?                               |                |                 |                       |                       |                          |            |
| 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? |                |                 |                       |                       |                          |            |

|                      |  |
|----------------------|--|
| <b>Audit C Score</b> |  |
|----------------------|--|

**Remaining AUDIT assessment questions**

| Questions  | Scoring System |                   |                              |        |                          | Your Score |
|--|----------------|-------------------|------------------------------|--------|--------------------------|------------|
|  | 0              | 1                 | 2                            | 3      | 4                        |            |
| How often during the last year have you found that you were not able to stop drinking once you had started?                            | Never          | Less than monthly | Monthly                      | Weekly | Daily or almost daily    |            |
| How often during the last year have you failed to do what was normally expected from you because of your drinking                      | Never          | Less than monthly | Monthly                      | Weekly | Daily or almost daily    |            |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never          | Less than monthly | Monthly                      | Weekly | Daily or almost daily    |            |
| How often during the last year have you had a feeling of guilt or remorse after drinking?  | Never          | Less than monthly | Monthly                      | Weekly | Daily or almost daily    |            |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking?          | Never          | Less than monthly | Monthly                      | Weekly | Daily or almost daily    |            |
| Have you or somebody else been injured as a result of your drinking?   | No             |                   | Yes but not in the last year |        | Yes during the last year |            |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggest that you cut down?               | No             |                   | Yes but not in the last year |        | Yes during the last year |            |

|                          |  |
|--------------------------|--|
| <b>TOTAL AUDIT SCORE</b> |  |
|--------------------------|--|

One unit of alcohol = ½ pint of regular beer, lager or cider      ½ a small glass of wine      1 single measure of spirits  
 1 small glass of sherry      1 single measure of aperitifs

**Drinks more than a single unit** = 2 pints of regular beer, lager or cider      3 pints of strong or premium beer, lager or cider  
 1.5 Alcopop or a 275ml bottle of regular lager      440ml can of regular lager or cider      440ml can of super strength lager  
 250ml glass of wine (12%)      75cl bottle of wine (12%)