BURN BRAE MEDICAL GROUP - New Patient Questionnaire

FULL NAME……..

TITLE: MR ☐ / MRS ☐ / MISS ☐ / MS ☐ / DR ☐ / Other ☐ ……

ADDRESS……..

POST CODE…… DATE OF BIRTH……..

TELEPHONE NUMBERS: (Home): ……..(Mobile)…….

EMAIL ADDRESS……

Have you ever served in the armed forces? YES / NO

Next Of Kin
Should we need to contact you urgently, or in the event of an emergency, we would be grateful if you could provide us with the following details:

Next of Kin (name)……Relationship ……

Address…….……Telephone Number..……..

Please estimate your: Height:_____ Weight:_____

Do you smoke? **Yes / No** If so, how many cigarettes per day?

Have you ever smoked? **Yes / No** If so, when did you stop?

If you currently smoke and would like help to quit please speak to a receptionist

---

Do you have a family history of any of the following? Please tick

	Father	Mother	Brothers	Sisters
Heart trouble (under age 65)				
Diabetes				
Thyroid				
Stroke				
High Blood Pressure				

If you would like a New Patient Health Check please book at Reception. If you take repeat medication then you will need to see a GP before any can be issued.

Carer Details
Do you have a Carer? Yes ☐ No ☐ If yes, Care Workers Name & Relationship.....

Are you a Carer Yes ☐ No ☐

If yes, who do you care for?.....

Do you have communication needs arising from disability or sensory loss (eg sight, hearing etc). If so please note overleaf.

Accessible Information Standard

Anyone with a disability or to those who may have impaired sensory loss (sight, hearing, etc.) can request information in an accessible way. For example through large print, the use of email rather than a posted letter or a sign-language interpreter. If this applies to you please note your communication needs below:

Ethnic Origin

Please note that ethnic origin questions are not about nationality, place of birth or citizenship.

U.K citizens can belong to any of the National Ethnic Groups Codes indicated below:

*****I would describe my ethnic origin as (indicate one only):			
A White British ☐	B White Irish ☐	C Any Other White Background ☐	D Mixed White & Black Caribbean ☐
E Mixed White & Black African ☐	F White & Asian ☐	G Any Other Mixed Background ☐	H Asian or Asian British - Indian ☐
J Asian or Asian British – Pakistani ☐	K Asian or Asian British - Bangladeshi ☐	L Any other Asian Background ☐	M Black or Black British -Caribbean ☐
N Black or Black British - African ☐	P Any other Black Background ☐	R Other Ethnic Group Chinese ☐	S Any Other Ethnic Group ☐

Brief Alcohol Screening Questionnaire

1 Unit of alcohol is:


Half pint of regular beer, lager or cider


Half a glass of wine


1 single measure of spirits


1 small glass of sherry


1 single measure of aperitifs

A bottle of wine is around 9 units

AUDIT	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?	0 -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	
IF YOUR TOTAL SCORE IS LESS THAN 5 AFTER THE FIRST 3 QUESTIONS YOU CAN STOP HERE, OTHERWISE PLEASE CONTINUE.						
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 suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

A total of 8+ indicates increasing or higher risk drinking and you are advised to make an appointment with a GP to discuss the results.

Your Score