**NEW PATIENT REGISTRATION AT WHICKHAM COTTAGE MEDICAL PRACTICE**

Welcome to Whickham Cottage Medical Practice. We believe that it is important that you receive a full medical review on registration. Each patient will have different health needs and so that we can identify areas important to you and your needs, we would kindly ask that you complete the following questionnaire. Once complete, please bring it to reception along with your registration form.

**General Information**

|  |  |  |
| --- | --- | --- |
| Name: | Tel No: | **Consent to receive SMS texts:**  Yes No |
| Date of Birth: | Age: | |
| \*  Ethnicity: e.g. **Mixed British**, **White Chinese**    …………………………………………………………… |  | |
| Main Language: | Occupation: | |
| Are you a Carer? | Yes/No | |
| Consent to contact you by email | E-mail Address: | |

**Vascular Disease**

(Disease of blood vessels including heart attacks, strokes and poor circulation)

Vascular disease is a significant problem in the Western World. There are a number of treatable factors that can reduce a patient’s risk of developing vascular disease.

To evaluate your risk please answer the following questions.

|  |  |
| --- | --- |
| Have you ever smoked? | Yes/No |
| Still smoke?  How many do you smoke per day? | Yes/No  ……………. |
| Ex-smoker?  How many did you smoke?  When did you stop? | Yes/No  …………….  ……………. |

|  |  |
| --- | --- |
| Has any of your family ever suffered from a heart attack, angina or a stroke? | Yes/No |
| How are / were these family members related to you? | ……………….…………………………….. |
| At what age did they first suffer? | ……………………………………………… |

In surgery we will take your blood pressure and measure your height and weight. We also offer all patients aged 40 – 74 years a blood test for both cholesterol and diabetes. Should any further tests be indicated these will also be arranged for you.

Please bring a urine sample with you to your appointment, this will be checked to see how well your kidneys are acting as a filter.

**Alcohol Use**

Alcohol misuse is a significant problem within the UK and it can be associated with numerous medical and social problems. Patients often find it hard to discuss their alcohol intake. This is a shame as we can offer them a lot of support if concern is identified. Please answer the following questions relating to your current alcohol intake.

|  |  |
| --- | --- |
| How often do you have a drink containing alcohol? | How many units of alcohol do you have on a typical day when you are drinking? |
| Never | 0-2 |
| Monthly or less | 2-4 |
| 2-4 times a month | 4-6 |
| 2-3 times a week | 6-8 |
| 4 or more times a week | 8-10+ |

|  |  |
| --- | --- |
| Female: How often do you have 6 or more units of alcohol on a single occasion in the last year? | Male: How often do you have 8 or more units of alcohol on a single occasion in the last year? |
| Never | Never |
| Less than monthly | Less than monthly |
| Monthly | Monthly |
| Weekly | Weekly |
| Daily (or almost daily) | Daily (or almost daily) |

Depending on your answers you may be asked to discuss your alcohol intake further with a doctor.

**Sexually Transmitted Infections (STI’s)**

* Sexually transmitted infections are very common and are usually ‘hidden’ as patients often have no signs or symptoms.

We offer all patients aged 15-24 years who are sexually active, a test for Chlamydia. This is because Chlamydia is most prevalent in this age range and if left untreated can be associated with a number of significant risks including infertility.

The nurse will advise you on how to take this test if it is suitable for you to be tested. For any patient who would like to discuss STI screening in greater detail, a separate appointment with a nurse or doctor can be arranged.