

**FAMILY DOCTOR REGISTRATION FORM**

Please complete in **BLOCK CAPITALS** and ✓ as appropriate

Mr  Mrs  Miss  Ms  Other ..... Male  Female

Surname..... Previous Surnames.....

First Names ..... Calling Name .....

Date of Birth .....

Town and Country of Birth .....

NHS Number																				
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Home Address .....

.....

Post Code ..... Mobile Number .....

Tel No: Day ..... Work Number .....

E.Mail Address: .....

If you live more than 3 miles from the local chemist then we will dispense medicines and appliances from the surgery for you.

**Previous GP Details**

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK .....

.....

Name and address of your previous doctor.....

.....

**If you have come from abroad:**

Date you first came to live in UK.....

If you were previously a resident in the UK, please fill in the previous GP details section above so that the Health Authority can search for your records and also fill in the dates below.

Date of Leaving ..... Date of return to UK .....

Which country have you been living in? .....

**If you are returning from the Armed Forces:**

Address before enlisting .....

.....

Service Number .....

Enlistment date ..... Discharge date .....

**Carer**

Do you have anyone who looks after you or your daily needs as a carer?  Yes  No  
If yes, we need written or verbal consent from you for them to be able to deal with your health records here, the receptionist can help with these arrangements.

Do you care for anyone else?  Yes  No  
If yes, please ask at reception for information on the Carers Association, who can provide you with information and advice on local support services

**Communication Needs**

Do you have any communication/information needs relating to a disability, impairment or sensory loss if so please provide details

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## OVER 15s ONLY

### Smoking status

- Never Smoked                       Smoker                       Ex-smoker  
No per day.....                      Year stopped .....

### Alcohol consumption

How often do you have a drink that contains 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	

### TOTAL SCORE

If your score totals 5 or above please complete the remaining below.

### **Remaining AUDIT 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 suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals  
AUDIT C Score (above) +  
Score of remaining questions

