



# Riverport Medical Practice

Please answer all questions and hand the completed form in with your registration form. This will allow us to start your electronic records with some basic information about yourself. **All new adult patients need to make an appointment with one of our nurses/health care assistant for a *New Patient Health Check*.**

<b>Title</b>		<b>Date of Birth</b>	
<b>First Name</b>		<b>Last Name</b>	
<b>Marital status</b>		<b>Previous Last Name</b>	
<b>Address</b>		<b>Tel No:</b>	
<b>Dispensing</b>	YES/NO (1mile from chemist is YES)	<b>Mobile No:</b>	
<b>Email:</b>		<b>Work Phone No:</b>	
<b>Next of kin:</b>	<b>Main spoken language</b>		
	<b>Full Name:</b>		
	<b>Address:</b>		
	<b>Contact Telephone Number:</b>		
	<b>Relationship to Patient:</b>		

Can we contact you by text: **yes / no** Can we contact you by email: **yes / no** (please circle appropriate answer)

Name of School (if applicable):

Named adult with parental responsibility, relationship to child (if applicable):

**Carers:** Do you have a carer? **YES / NO** Are you a carer? **YES / NO** (select as appropriate)

<b>Ethnic origin</b> Please tick:	White British	Any other white (please state)
	Irish	
	White and Black Caribbean	White and Black African
	White and Asian	Any other mixed background (please state)
	Indian	Pakistani
	Bangladeshi	Any other Asian background (please state)
	Black Caribbean	Black African
	Any other black background (please state)	
	Chinese	

**The Orchard Surgery, Constable Road, St Ives, Cambs, PE27 3ER (01480 466611)**  
 Parkhall Surgery, 2c Parkhall Road, Somersham, Cambs, PE28 3EU (01487 740888)  
 Northcote House Surgery, 8 Broad leas, St Ives, Cambs, PE27 5PT (01480 461873)  
 Fenstanton Surgery, 7e High street, Fenstanton, Cambs PE28 9LQ (01480 461873)



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Family History	Yes/No	Please state family member
-Heart attack/angina <60yrs		
-Heart attack/angina >60yrs		
-High blood pressure		
-Stroke or mini stroke (TIA)		
-Diabetes		
-Asthma		
-Cancer (please state type)		
<b>Do you have any allergies?</b>		
		Details:

## Lifestyle

	Never	Current smoker (number per day)	Ex-smoker (date stopped)
<b>Smoking status</b>			

Would you like help to stop smoking? **YES / NO / N/A** (select as appropriate)

Alcohol	Units of alcohol consumed per week?
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UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

<i>Scoring System</i>						
Questions	0	1	2	3	4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic units do you have on a typical day when you are drinking (see above chart)	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard units on more than one occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

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