

CADWGAN SURGERY

NEW PATIENT QUESTIONNAIRE

This questionnaire has been designed to help us get to know you and your medical history. The information you provide will be treated confidentially.

Please bring a sample of urine with you to your health check together with proof of your identity eg passport/driver's license and proof of your address eg utility bill/bank statement.

Today's date: DD/MM/YY

Personal details	Household Details																																								
MR/MRS/MISS/MS/OTHER	Who lives at home with you? (Please list.) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Name(s)</th> <th style="width: 25%;">Date of birth</th> <th style="width: 25%;">Relationship</th> <th style="width: 25%;">School/job</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name(s)	Date of birth	Relationship	School/job																																				
Name(s)		Date of birth	Relationship	School/job																																					
NAME																																									
PREVIOUS NAME(S)																																									
MARITAL STATUS																																									
DATE OF BIRTH																																									
ADDRESS																																									
HOME TELEPHONE NUMBER																																									
MOBILE NUMBER																																									
Consent for Text message reminder YES/NO																																									
OCCUPATION																																									
Retired/Full-time/Part-time/Unemployed	Children Do you have any children not already listed above? Please list their name(s) Date of birth Address School/job																																								
Do you have a disability that we need to be made aware of when contacting or visiting the surgery?																																									
If so, please state																																									
WHICH ETHNIC GROUP DO YOU BELONG TO? (Please tick one)																																									
White		Chinese																																							
Black/Black British		Mixed																																							
Asian or Asian British																																									

LIFESTYLE

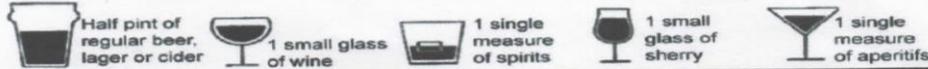
Do you smoke cigarettes/cigars? Yes/no

If yes, how many/day?

Are you an ex-smoker? Yes/no

If yes, when did you quit?

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

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	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



FOR OFFICE USE ONLY

Proof of identity: Passport/Driving license/Identity card/Other

Proof of Address: Utility Bill/Tenancy Agreement/Bank Statement/Other

If aged under 16 years child was accompanied today by

Relationship to child

Height Weight BP

Urine dipstick test result

If AUDIT-C score = 5 or more, Full AUDIT screen score=.....

Brief intervention for alcohol booklet given? yes/no