|  |  |  |  |
| --- | --- | --- | --- |
| **First Name(s):** |  | **Surname:** |  |
| **Date of Birth:** |  |  |  |

|  |  |
| --- | --- |
| **Ethnic Origin (please check the appropriate box):**  Bangladeshi  Other ethnic origin  Black African  Other mixed origin ethnic  Black British  Other white ethnic  Black Caribbean  Pakistan  Chinese  White British  Indian  White Irish  Other Asian  White Scottish | **Occupation:**  **Marital Status:**  Married  Single  Divorced  Widowed  Engaged  Co-habiting  Stable relationship  Civil partnership  **Title:**  Mr  Miss  Mrs  Ms  Mx  Dr  Other (please state) |
| **Do you take any regular/repeat medication? This includes anything bought over the counter**  Yes  (\*please list below) No  \*If yes, please ensure you have enough medication from your previous Practice before registering with us as it can take up to a week for us to register you. You can arrange a routine telephone appointment with one of our GPs to review your medication once you are registered.  **Please let us know which pharmacy you would like any prescriptions to go to:**  Culloden  Care Pharmacy  Boots Retail Park  Tornagrain  Other  please state: | |

|  |
| --- |
| **Lifestyle Questions**  **Smoking (please tick the appropriate box)**  Current smoker\*  how many daily: Never smoked  Ex-smoker  date stopped:  \*if you would like to quit smoking, please visit your local pharmacy for smoking cessation  **Exercise (please tick the appropriate box)**  Exercise Physically Impossible  Avoid Trivial Exercise  Enjoys Light Exercise  Enjoys Moderate Exercise  Enjoys Heavy Exercise  Competitive Athlete  **Alcohol**  Guide to alcohol units   * Single shot gin/vodka/whisky = 1 unit ● Pint beer/cider/lager = 2 units * Standard glass of wine = 2 units ● Large glass of wine = 3 units  1. **Men – How often do you have 8 or more units on one occasion? Add up the number of units from the above guide.**   **Women - How often do you have 6 or more units on one occasion? Add up the number of units from the above guide**.  Never  Less than monthly  Monthly  Weekly  Daily or almost daily   1. **How often during the last year have you been unable to remember what happened the night before because you have been drinking?**   Never  Less than monthly  Monthly  Weekly  Daily or almost daily   1. **How often during the last year have you failed to do what was normally expected of you because of drinking?**   Never  Less than monthly  Monthly  Weekly  Daily or almost daily   1. **Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**   No  Yes, but not in the last year  Yes, during the last year |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family/Medical History**   |  |  |  |  | | --- | --- | --- | --- | | **Condition** | **Tick Yes** | **Age/Date Diagnosed** | **Family with Condition** | | Asthma |  |  |  | | Cancer |  |  |  | | Diabetes |  |  |  | | Epilepsy |  |  |  | | Heart Disease |  |  |  | | High Blood Pressure |  |  |  | | Stroke |  |  |  | | Thyroid Disease |  |  |  | | Allergies |  |  |  |   **Further information about any conditions/not listed:**  \*if you have a complex medical history/needs, please arrange a routine telephone appointment with the GP once you are registered to discuss this if you feel it is necessary.  **Have you had any operations/serious illness in the past?:**  Yes  (please detail below) No  **Female patients only:**  **Please state the date of your last cervical smear:**  **Do you use a contraceptive method? (Tick below):**  Pill  Coil  Implant  Injection  Sterilised  Condoms |

|  |
| --- |
| **Communications**  **Do you require sign language support? (Tick below):**  Yes  No  **Do you require a language interpreter? (Tick below):**  Yes  No  If yes, what language?:  **We sometimes send messages to patients via text or email regarding appointments, relevant information, etc. Do you consent to SMS messages or emails from us? (Tick below):**  Yes  No |