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

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| **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: |

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| **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 [ ]  |

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| **Family/Medical History**

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| **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 [ ]  |

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| **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 [ ]  |