**Gateacre Brow Practice**

**NEW PATIENT HEALTH QUESTIONNAIRE**

**Patient Name……………………………………………………….. Date of Birth……………………………………**

**Information About You**

**Carers:**

**Do you have a carer? Yes No**

**Are you a carer? (If yes please give details) Yes No**

**Next of Kin:**

**Please provide the name, address and telephone number of next of kin**

**Relationship……………………………………………………………………………………………………………………**

**Can we discuss your record with them? Yes No**

**Are they registered at this practice? Yes No**

**Are they your emergency contact? Yes No**

**Communication and information needs**

**Ethnic Group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White British** |  | **White Irish** |  | **Other White** |  |
| **Chinese** |  | **Indian** |  | **Pakistani** |  |
| **Bangladeshi** |  | **Other Asian** |  | **African** |  |
| **Mixed Caribbean** |  | **Mixed African** |  | **Other Mixed** |  |
| **Other Black** |  | **Other** |  |  |  |

**Smoking:**

 **Yes No**

**Do you smoke? Yes No**

**If Yes, how many per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes No**

 **Yes No**

**If no, have you ever smoked? Yes No**

**If yes, date stopped \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Yes No**

 **Yes No**

**Would you like advice on giving up smoking? Yes No**

**Alcohol**

**How many units of alcohol do you drink weekly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Single spirit = 1 unit Small glass of wine = 1.5 units Pint of lager = 2 units**

**How often do you have a drink containing alcohol?**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **Never Monthly or less 2-4 times a month 2-3 times a week 4+ times a week**

**How many units did you have on a typical day when you were drinking in the past year?**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **1 or 2 3 to 4 5 to 6 7 to 9 10 or more**

**How often did you have 6 or more standard units on one occasion in the past year?**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **Yes No**

 **Never Monthly or less Monthly Weekly Daily/almost daily**

**To keep health risks from alcohol to a low level if you drink most weeks:**

* **men and women are advised not to drink more than 14 units a week on a regular basis**
* **spread your drinking over 3 or more days if you regularly drink as much as 14 units a week with at least 2 alcohol free days**

**Thank you for completing our questionnaire.**

**Please Ensure You Book Your New Patient Medical With The HCA/Nurse**