



# MERRYWOOD PRACTICE – PATIENT REGISTRATION FORM

Please complete this form **on both sides** so that we have an up to date personal and medical history

## PERSONAL DETAILS

Your name: Male  Female

Your address:

Your postcode:

Your phone numbers Home Mobile

Your e mail address – *please complete attached consent form*

Your date of birth:

Next of kin in case of emergency: Name Contact number:

## ETHNIC ORIGIN – please tick ONE box below

### White

White British

White Irish

White other (please specify)

.....

### Black or Black British

African

Caribbean

Black other (please specify)

.....

### Other Ethnic Origin

Chinese

Vietnamese

Other (please specify)

.....

### Mixed Race

White and Asian

White and Black African

White and Black Caribbean

Other mixed race (please specify)

## Do you feel that you have any type of disability?

No  Yes  Please give details:

## Do you have a regular carer?

No  Yes  Please give details and ask for a carers pack from reception:

## Do you act as a carer for anyone ?

No  Yes  Please give details:

## ACCESSIBLE INFORMATION

### Do you require information in an alternative format ?

Braille Grade 1

Braille Grade 2

Audio on CD

Large print 22 point

Large print 24 point

Large print 28 point

Text

E mail

Other .....



**MEDICAL HISTORY**

Do you attend a hospital for regular care? Yes   
 Please give details of which hospital you go to and what care you receive

.....

WOMEN ONLY: Date of last cervical smear .....

Please list below any medication you take regularly (please include any current contraception pills)

SMOKING – Please tick ONE box

I have never smoked   
 I am an ex-smoker  Date gave up smoking  
 I currently smoke  How many per day?

Would you like support to give up smoking Yes  No

**ALCOHOL**



How many units of alcohol do you have on average per week? .....

Questions	Scoring System					Your Score
	0	1	2	3	4	
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 drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10 +	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Would you like help reducing the amount you drink? Yes  No

**GAMBLING**

We are currently involved in research about the impact of gambling problems on health.

Would you like help with a gambling problem? Yes  No