

**PLEASE WRITE IN BLOCK LETTERS (All information is treated in the strictest confidence)**

**Surname:** ..... **Title :** Mr/Mrs/Miss/Ms .....

**Fore Name(s):** ..... **Occupation:** .....

**Date of Birth** ..... **Marital Status :** ..... **NHS No:** .....

**Address:** .....

..... **Post Code:** .....

**Place and Country of Birth** .....

**Tel No: Home:** ..... **Work:** ..... **\*Mobile:** .....

**\*Email:** .....

**\* Do you share this mobile/email address with other family members?** YES/NO (delete as appropriate)

If YES please sign here consenting you are happy to receive personal information such as appointment reminders to this mobile and email. If NO this information will not be added to your records

.....  
**Emergency Contact: Title:..... First Name:.....Surname:.....**

**Tel No:** ..... **Relationship: Family(state)..... Partner/Friend**

**THE FOLLOWING QUESTIONS MUST BE COMPLETED AT TIME OF REGISTRATION:**

**your application may be rejected if not completed fully.**

We have been asked by the NHS to collect **ethnicity data to help them monitor the health of different ethnic groups in Croydon.** Please can you tick an appropriate box.

|                          |  |  |  |
|--------------------------|--|--|--|
| White British            |  | Chinese  |  |
| White Irish              |  | Other Ethnic group   |  |
| Other                    |  | White and Black Caribbean                                  |  |
| Black Caribbean          |  | White and Black African                                    |  |
| Black African            |  | Other ethnic Asian/white origin                            |  |
| Other black ethnic group |  | Other ethnic, other mixed origin                           |  |
| Indian                   |  | ETHNIC GROUP NOT GIVEN                                     |  |
| Pakistani                |  | Main Language spoken:.....<br>Interpreter required: Yes/No |  |
| Bangladeshi              |  |  |  |
| Other Asian ethnic group |  |  |  |

What is your **Weight:**..... **Height:**..... (Weighing machine in self help area)

If you are aged 35 years or older what was your last **Blood pressure?** ...../..... (BP machine available in self help area)

Have you ever smoked? **Yes / No**

If **Yes**, how much do you smoke per day? .....

If you are an ex-smoker, when did you give up? .....

How many did you smoke per day? .....

**Please complete as many of the following questions you are able to:**

**FEMALES ONLY – Date of last cervical smear..... Normal/Abnormal?**

Has one of your direct family members suffered from the following before the age of 65?

**Cancer** No/Yes (please state relationship).....

**Angina** No/Yes (please state relationship).....

**Stroke or a Heart Attack No/Yes (please state relationship).....**

Is there any family history of **Diabetes**?.....**Yes / No**

If **Yes**, what is the relationship?.....

Please turn over...

How many units of **Alcohol** do you drink in an average week? .....  
 (A glass of wine or a measure of spirit is one unit; a pint of beer is two units and a bottle of wine 6 units)

**Please ensure you complete all the questions**

| Related Questions (16 years of age or older only)   | Scoring System |                   |                               |        |                           | Your Score |
|---|----------------|-------------------|-------------------------------|--------|---------------------------|------------|
|   | 0              | 1                 | 2                             | 3      | 4                         |            |
| How often do you have 8 (men)/6 (women) or more drinks on one occasion?                                     | Never          | Less than monthly | Monthly                       | Weekly | Daily or almost daily     |            |
| Only answer the following questions if your answer above is monthly, weekly, almost daily or daily          |                |                   |                               |        |                           |            |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never          | Less than monthly | Monthly                       | Weekly | Daily or almost daily     |            |
| How often in the last year have you failed to do what was expected of you because of drinking?              | Never          | Less than monthly | Monthly                       | Weekly | Daily or almost daily     |            |
| Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?   | No             |                   | Yes, but not in the last year |        | Yes, during the last year |            |

How much **Exercise** do you take? Exercise is impossible / no exercise / light / moderate / heavy

Which of the following **Diets** (if any) do you follow?

Vegetarian /Vegan / Low Fat / Weight Reducing / Healthy Eating / Other.  
 If Other, please specify .....

**Medical History - please tick if you've had any of the following:**

|                              |  |                    |  |
|------------------------------|--|--------------------|--|
| Heart Attack                 |  | Suffer from Angina |  |
| Treatment for blood pressure |  | Ever had a stroke  |  |
| Diabetes                     |  | Asthma             |  |

Date of last Tetanus: .....

Please list below (with approximate dates) **operations**, other **serious illnesses**, **hospital admissions**, or long term problems. Please include both **physical** and **emotional** problems .....

.....

Please list any **medication** you are currently taking along with the doses, how often taken and when first started .....

.....

Are you **allergic** to any tablets or medication? Please specify.....

.....

Please list the names and year of birth of any **children** .....

.....

Please list the names and relationship of any persons for whom you are a registered carer

.....

.....

**Date of application :** .....

**Placed with Dr:** .....

**Receptionist:** ..... **New Patient Admin:**..... **Clinical Review:**.....

**Cytology Admin:** .....

**Summarising:** .....