NHS
Sandwell and
West Birmingham
Clinical Commissioning Group

New Patient Registration Form

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Patient details

Title	Mr		Mrs		Miss		Ms		Date of birth	
Surname									First name(s)	
Previous Surname									Occupation	
Home Address:										
Postcode:										
Tel No:				Mobile No:				Marital Status:		
Would you like the SMS Text Messaging Service? Yes / No										
Name and address of previous GP:										

Next of kin

Name:	Relationship:
Address:	
Contact number:	If NOK for a relative in a care home is DoLs in place? Yes / No

Children

Name of Child(ren)	Date of birth	Current Nursery / School	Disability? Yes / No
Are you a carer for any other children? Yes / No		Do you have parental responsibility? Yes / No	
Any previous involvement with Children's Social Care? Yes / No			
Any history of FGM / cutting? Yes / No			

Ethnicity

White		British		Black or Black British		Caribbean
		Irish				African
		Other (Please Specify)				Other (please specify)

Asian or Asian British		Indian		Mixed		White & Black Caribbean
		Pakistani				White & black African
		Bangladeshi				White & Asian
		Chinese				Other (please specify)
		Other (Please Specify)				

Eastern European		Polish		What is your first language?	
		Romanian		Do you require an interpreter?	Yes / No
		Czech Republic		Are you a refugee / asylum seeker?	Yes / No
		Other (please specify)		Are you new into the UK?	Yes / No

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Disabilities

Are you registered disabled? Yes / No If yes, please give details: Are you housebound? Yes / No

Medication

Please list any medication and the dosages: Do you have any allergies? Yes / No If so which?

Medical information

	Yes	No		Yes	No
Epilepsy			Glaucoma		
High blood pressure			Diabetes		
Heart Attack / Stroke			Asthma		
Cancer			Depression		
Eczema			Mental Illness		

Have you had a flu vaccination?			Have you had a pneumococcal vaccination?		

Have you had a cervical smear?			If yes, when and result if known:		

Do you smoke?			How many do you smoke per day?		
Would you like advice on giving up smoking? Yes / No					

Family History

	Yes	No		Yes	No
Epilepsy			Glaucoma		
High blood pressure			Diabetes		
Heart Attack / Stroke			Asthma		
Cancer			Depression		
Eczema			Mental Illness		

Have you ever experienced domestic abuse?	Yes / No
Are you currently experiencing domestic abuse?	Yes / No
Do you require any support?	Yes / No

Would you be interested in joining our Patient Participation Group?	Yes / No

Name (Print):	Date:
Signature:	

Sandwell and West Birmingham Clinical Commissioning Group

Your emergency care summary

Dear Patient

Electronic Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The secure electronic record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that

if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

- **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff**.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our local Patient Advice and Liaison Service (PALS) **(Freephone 0800 030 4654, Text 0780 000 1150 or Email s.pals@nhs.uk),** GP practice staff, visit the website **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on **0300 123 3020**.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

AUDIT questionnaire: screen for alcohol misuse[1]

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2–4 times a month
- 2–3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

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

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. During the past year, have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the past year
- Yes, during the past year

Scoring the audit

Scores for each question range from 0 to 4, with the first response for each question (eg never) scoring 0, the second (eg less than monthly) scoring 1, the third (eg monthly) scoring 2, the fourth (eg weekly) scoring 3, and the last response (eg. daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

[1]Saunders JB, Aasland OG, Babor TF *et al*. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption — II. *Addiction* 1993, **88**: 791–803.