

THE THREE SHIRES MEDICAL PRACTICE
Colerne, Marshfield, Pucklechurch and Wick Surgeries

New patient registration form

Welcome to the Three Shires Medical Practice. Thank you for filling out these details. This form also serves to invite you to attend for a new patient health check with our nurses (please book this with reception). This information will be treated confidentially. Thank you

Personal details						
First Name:	Surname:	Date of birth:				
		Male <input type="checkbox"/> Female <input type="checkbox"/>				
Home telephone number:		mobile:				
Home address:						
Ethnic origin (please select from list provided at reception):						
First Spoken Language:						
Name and telephone number of friend/carer/next of kin to be contacted in event of emergency:						
Other details						
Do you suffer from any allergies?						
Do you smoke? <input type="checkbox"/> If so, how much and for how long have you smoked?						
What is your approximate height? [] and Weight? []						
Alcohol						
What is your average intake of alcohol per week (in Units)? []						
(1 unit is approx 1 glass of wine, ½ pint of beer, 1 pub measure of spirits)						
	0	1	2	3	4	Score
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	7-8	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	
Medical History						
Is there any history of a significant illness in your family? (e.g. diabetes, cancer or heart problems) If so please specify.			Please list any medication you are currently taking:			
Do you currently suffer from any significant ongoing medical problems? (e.g. diabetes)						
What operations or serious illnesses have you had in the past?						