

Elsenham Surgery Registration Questionnaire Date.....

Have You Been To This Surgery Before? Yes / No

Name: Date of birth:.....
 Home telephone:
 Work telephone:
 Mobile: Can we contact you via text messaging Y/N Which
 telephone number would you prefer us to use?
 Email address.....

Main spoken language: Occupation:

Do you need any help or assistance accessing patient information at the surgery?
 Yes/No (If YES, please ask reception) Are you a Carer? Yes / No (If
 YES, please ask reception for info pack)
 Do you have a Carer? Yes / No (If YES we would like details to put on your records)

Serious Illnesses, Accidents, Operations

Drugs and Medicines

Year	Illness	Name	How Often
Do you suffer from any of the following? Diabetes Y N Asthma Y N High Blood Pressure Y N Heart Disease Y N Epilepsy Y N		Allergies? (to what?)	
Family History Have either your parents or brothers or sisters suffered from the following: Heart Disease Y N High Blood Pressure Y N Diabetes - late onset Y N Cancer Y N Any other family history?		For Ladies Have you had a cervical smear in the last 5 years? Where..... When..... Result.....	

Smoking Status

For Children

Have you ever smoked? Y N Do you smoke now? Y N If you smoke, how many?..... If no, when did you stop?..... If yes, would you like stop Y N Smoking advice?	Are immunisations up-to-date?
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For office use only:

ID checked by :

Photo ID Ref No:

Address ID Ref No:

S:Fully Registered on EMIS by: \General\Forms\Pt. Admin Forms \Patient Registration
Forms \

Registration

Questionnaire.DOC Revised Sept

20.doc02/09/2020

Ethnic Origin

The Dept. of Health has asked us to record the ethnic group of all our patients. This information will help to identify risk factors as some groups are more at risk of specific diseases.

Please tick the description below which you feel is most appropriate.

A: White

- British
- Irish
- Any other white background (please specify)

B: Mixed

- White and black Caribbean
- White and black African
- White and Asian
- Any other mixed background (please specify)

C: Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify)

D: Black or black British

- Caribbean
- African
- Any other black background (please specify)

E: Chinese or other Ethnic Group

- Chinese
- Any other (please specify)


- Ethnic group not known
- Information refused

Alcohol Use

Scoring System


Questions	0	1	2	3	4	Your 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 units of alcohol do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

UNITS




2

Pint of Regular Beer/Lager/Cider




1.5

Alcopop or Can of Lager




2

Glass of Wine (175ml)



1

Single Measure of Spirits



9

Bottle of Wine