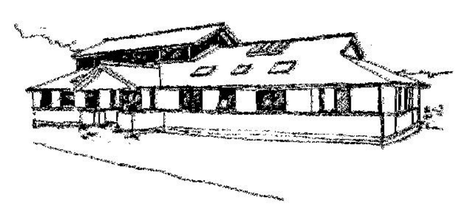
DR L. BUTTI
DR F. DINGELSTAD
DR S. SHERMAN
DR A. GRIGORE
DR L. WARING



RIVER LODGE SURGERY
MALLING STREET
LEWES
EAST SUSSEX
BN7 2RD
Tel: 01273 472233
Fax: 01273 486879
www.riverlodge-ringmersurgeries.co.uk

New Patient Questionnaire

Please complete and bring your completed questionnaire with your registration form.

Today's Date: ……………………

Name: ………………………………………………… Date of Birth: …………………………

Telephone Number (Home) ………………………….. Mobile: …………………………………

Address: ………………………………………………… Next of Kin: ………………………………………..

………………………………………………………… Next of Kin Tel No: ………………………………

Email address: …………………………………………

Preferred method of contact: Home phone ☐ **Mobile phone** ☐ **email** ☐

Height: ………………cm Weight……………kg Blood Pressure: ………………………..

First Language (Please tick):

Akan	☐	Luganda	☐
Albanian	☐	Makaton	☐
Amharic	☐	Malayalam	☐
Arabic	☐	Mandarin	☐
Bengali & Sylheti	☐	Norwegian	☐
Brawa & Somali	☐	Pashto (Pushtoo)	☐
British Signing Language	☐	Patois	☐
Cantonese	☐	Polish	☐
Cantonese & Vietnamese	☐	Portuguese	☐
Creole	☐	Punjabi	☐
Dutch	☐	Russian	☐
English	☐	Serbian / Croatian	☐
Ethiopian	☐	Sinhala	☐
Farsi (Persian)	☐	Somali	☐
Finnish	☐	Spanish	☐
Flemish	☐	Swahili	☐
French	☐	Swedish	☐
French Creole	☐	Sylheti	☐
Gaelic	☐	Tagalog (Filipino)	☐
German	☐	Tamil	☐
Greek	☐	Thai	☐
Gujarati	☐	Tigrinya	☐
Hakka	☐	Turkish	☐
Hausa	☐	Urdu	☐
Hewbrew	☐	Vietnamese	☐
Hindi	☐	Welsh	☐
Igbo (Ibo)	☐	Yoruba	☐
Italian	☐	Other *(Please State)*	
Japanese	☐	………………………..	
Korean	☐		
Kurdish	☐		
Lingala	☐		

Ethnic Origin (Please tick):

White		
A	British	☐
B	Any other White background	☐
C	Irish	☐
Mixed		
D	White and Black Caribbean	☐
E	White and Black African	☐
F	White and Asian	☐
G	Any other mixed background	☐
Asian or Asian British		
H	Indian	☐
J	Pakistani	☐
K	Bangladeshi	☐
L	Any other Asian background	
Black or Black British		
M	Caribbean	☐
N	African	☐
P	Any other Black background	☐
Other Ethnic Groups		
R	Chinese	☐
S	Any other ethnic group Please state:	☐

Interpreter required? Yes ☐ No ☐

Continued overleaf…

Smoking Status:

1. Do you **smoke**? Yes ☐ No ☐ ***(If No, please go to section 2)***

   If yes, what do you smoke? Cigarettes ☐ Cigars ☐ Pipe ☐Roll Ups ☐

   How many cigarettes / ounces of tobacco do you smoke per day? ……………

   How many years have you smoked? …………

2. Are you an **Ex-Smoker**? Yes ☐ No ☐

   If yes, how many years did you smoke for? …………

   How long ago did you stop? …………

   What did you smoke? Cigarettes ☐ Cigars ☐ Pipe ☐ Roll Ups ☐

   How many cigarettes / ounces of tobacco did you smoke per day? ……………

3. Are you a **Passive** smoker? Yes ☐ No ☐

Carers

Are you a Carer? Yes ☐ No ☐

If yes, can we have the name of the person you care for? …………………………………….

And what is your relationship? ………………………………

'Care for the Carers' are available to help you on: 01323 738390. www.cftc.org.uk

A carer is a person who looks after someone at home because of their relationship with that person. A carer may be a relative / friend or neighbour and does not always live with the person cared for. A carer is not paid for the care they provide.

Females

If over the age of 50, have you attended for Breast Screening examination? Yes ☐ No ☐

Date of last smear test? ………………… (approx) Result? ……………………………………………………….

Are you on any contraception? Yes ☐ No ☐

If yes, please state name of contraception ……………………………………………

Family History

Has anyone in your close family had diabetes, cancer, glaucoma, heart disease, stroke or other serious illness? If yes, please write down the illness and family member.

………
………
……………………………………………………………………………………………

Continued overleaf…

Current / Past Illnesses

Please list any serious illnesses / operations / accidents, etc and the year they happened.

Year	*Illness, etc*	*Still Active? Yes / No*

Medication

Please list any medication you are currently taking, including the dose / strength.

Name of Medication	**Dose / Strength**

Allergies

If you have had any allergies to drugs, food or injections, please list them and describe what happened

………
………
……

Continued overleaf…

Alcohol Questionnaire – Please Complete Section 1

How many units do you have per week? [ ] units

Questions	Scoring System 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 standard alcoholic drinks 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 standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

Total:

Scored more than 5? – Please complete section 2:

Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring System 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 standard alcoholic drinks 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 standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	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	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost 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	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
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	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence