

THE MOORINGS MEDICAL PRACTICE

CONFIDENTIAL REGISTRATION/HEALTH QUESTIONNAIRE

ADULT

Title			
Surname			
Forenames			
Previous surname			
Sex		NHS No.	
Date of birth			
Marital status	Single/Married/Divorced/Widowed/Co-habiting		
Address			
Post code			
Tel. nos. (home/work/mobile)			
Email			
Ethnic group (tick one)			
Read code	WHITE		
9S10	White British		
9S11	White Irish		
9S12	Other white ethnic group		
	BLACK OR BLACK BRITISH		
9S2	Black Caribbean		
9S3	Black African		
9SG	Other black ethnic group		
	ASIAN OR ASIAN BRITISH		
9S6	Indian		
9S7	Pakistani		
9S8	Bangladeshi		
9SH	Other Asian ethnic group		
	OTHER ETHNIC GROUPS		
9S9	Chinese		
9SJ	Other ethnic group		
	MIXED		
9SB5	White and Black Caribbean		
9SB6	White and Black African		
9SB2	Other ethnic, Asian/White origin		
9SB4	Other ethnic, other mixed origin		
9SD	Ethnic group not given		

MEDICATION
Are you on any regular medication?

Drug	Strength	Dosage

LIFESTYLE

Height	Weight
Smoker Y/N Amount	Alcohol drinker Y/N U/week
Ex-smoker (date stopped)	Ex-drinker (date stopped)

ALLERGIES (especially to drugs)

Drug	Reaction	Severity	Certainty
		Minimal	Tentative
		Mild	Unlikely
		Moderate	Possible
		Severe	Likely
		Very severe	Certain

ADULT IMMUNISATIONS

Immunisation	Date

ALCOHOL CONSUMPTION

1 drink = ½ pint of beer or 1 small glass of wine or 1 single spirit

	Never	Monthly	Less than Monthly	Weekly	Daily or almost daily
How often do you have SIX (female) EIGHT (male) or more drinks on one occasion?	0	0	0	0	0
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0	0	0	0	0
How often during the last year have you failed to do what is normally expected of you because of drinking?	0	0	0	0	0
	No	On one occasion	On more than one occasion		
In the last year has a relative or friend, or other health worker been concerned or suggested you cut down?	0	0	0		