Wallingford Medical Practice
Pre-Registration Questionnaire

Full Name:		Date of Birth:		
Occupation:		Marital Status:		

Communication	Home:		Mobile:		SMS reminders?
	Work:		Other:		Y ❑ - N ❑
	e-mail:				

On-line Services	*Book Doctor appointments – Repeat Prescription Requests – Summary of your care.* Would you like to take advantage of on-line facilities? "Yes", you will need to provide either photo ID or NI Card for all persons over the age of 16	Y ❑ - N ❑

If Yes Code both 91B.00 93440

Have you worked in the armed forces:	Yes	❑	No	❑	13q3

Your Ethnic Origin:		White - (British/Irish/European or Other) Mixed - (White & Black/Caribbean/White & Black African/White & Asian or Other Mixed Background) Asian - (Asian British/Indian/Pakistani/Bangladeshi or Other Asian Group) Black - (Black British/Black Caribbean/Black African or Other Black Background) Chinese - Other
Main Language:		
Interpreter Required?	Y ❑ - N ❑	

Do you care for an elderly or infirm relative?	Yes	❑	No	❑
Name of Person cared for:				RR

Next of Kin:		Relationship:	RR
Address if different to your own:		Contact Number:	
		Post Code:	

Please tick the appropriate box/boxes if you have been diagnosed with any of the below:

❑ - Asthma	❑ - COPD	❑ - Diabetes	❑ - Coronary Heart Disease	JMS
❑ - Hypertension	❑ - Stroke	❑ - Epilepsy	❑ - Rheumatoid Arthritis	
❑ - Mental Illness	❑ - Cancer	❑ - Dementia	❑ - Atrial Fibrillation	❑ - Hypothyroidism

Are you on regular/repeat medication? (If Yes, please bring copy of repeat slip to your first GP Appointment)	Yes	❑	No	❑	JMS

Non-dispensing patients only - please nominate a dispensary:

Boots - Wallingford	❑	Rowlands - Cholsey	❑	Other	❑	If other, please provide Pharmacy name and location:	NA
Lloyds - Wallingford	❑	Lloyds - Benson	❑	Tesco - Didcot	❑		NA

Please list any allergies you may have:		[a]			
[b]		[c]			

Over 65 - If offered a seasonal flu vaccine would you decline?	Yes	❑	No	❑	

Are you a current smoker?	Yes	❑	No	❑		How many a day?	
Have you ever smoked?	Yes	❑	No	❑		Date Stopped?	/ /
Would you like advice on giving up smoking?			Yes	❑	No	❑	8CAL

Blood Pressure:	All patients over 45 to be offered New Patient Registration review

JMS

FOR WOMEN ONLY	Do you have a coil fitted?	Yes	❑	No	❑	*(Date Fitted :)*	
	Have you had a coil check recently?	Yes	❑	No	❑	*(Date checked :)*	JC/ SL
	Are you pregnant at the moment?	Yes	❑	No	❑	*(EDD Date :)*	DA/ MW

Wallingford Medical Practice
NHS Registration Form

FOR U 16's ONLY	Name of current/last school attended?		
	Dates from when you started and left this school?	*(Date from :)*	*(Date to :)*
	Who has parental responsibility for this child?		

It is a policy of this practice to only register patients for free NHS treatment who can prove their entitlement to be registered on the NHS

Please tick appropriate box:

		For Office use	
I am a U.K. citizen permanently residing in the UK	❑	*Purple Reg form* *Medical card*	❑ ❑
I am a U.K. citizen *not* normally residing in the UK	❑	*Check UK address* *Check utility bill*	❑ ❑
I am a non U.K. citizen permanently living and/or working in the U.K. for more than 6 months	❑	*Check Passport* *Visa entry/exit* *Work Permit* *UK address*	❑ ❑ ❑ ❑
I am a non U.K. citizen working or living in the UK for less than 6 months	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen visiting the U.K. and need urgent medical treatment	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen wishing to see a doctor for a non urgent condition	❑	*Give o/p form (Advise may be charge)*	❑
I am a non U.K. citizen who needs treatment for a medical condition listed on form E112	❑	*Check form E112 Immediately necessary*	❑

As a practice before registering a patient we will need to see proof of status. No patient can be registered on the NHS without producing requested documentation.

I declare that all the information I've provided on my registration forms to Wallingford Medical Practice is true. Eligible

Please note that if a non entitled person is accepted on to a GP's list and subsequent hospital referral is made it is likely to be charged by the hospital.

Data protection Act 1998
Whilst registered here your confidential records are kept on our computer system and are used for giving health care and treatment. Information is only passed on if there is genuine need and information used for research will only be used with your consent. Anonymous statistics are collected for managing and planning the NHS.

The use of generic e-mail addresses
❑ *Please tick this box to indicate that; If you are using a generic e-mail address you accept that personal information about yourself could be displayed to other members of your family/household*

Signed:		**Date:**	

8CAL = Read Code	RR – Registration Reminder	PR – Protocol Reminder	NA – Nurses Appointment	DA – Doctors Appointment
13q3 = Read Code in the notes 13q3 – Served in Armed Forces	JMS – New Patient Registration review with Jo Spicer	MW – inform Midwife		

ALCOHOL SCREENING TOOL

UNIT GUIDE

1 unit is typically:

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)

The following questions are validated as screening tools for alcohol use

Nb: Please provide score per question

AUDIT- C Questions	**Scoring system**					**Your score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing 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 drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL :	

A score of **less than 5** indicates *lower risk drinking* (see overleaf)

Scores of 5+ requires the following 7 questions to be completed:

AUDIT Questions (after completing 3 AUDIT-C questions above)	**Scoring system**					**Your score**
	0	**1**	**2**	**3**	**4**	
How often during the last year 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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last 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	
Have you or somebody 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 or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
						TOTAL

ALCOHOL SCREENING TOOL

SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)

AUDIT C _____ + AUDIT _____ = ☐

"Based on your answers, your drinking places you in the … risk category."
(for 8+ scores lead to Brief Advice with) "How do you feel about that?"

AUDIT SCORE	RISK CATEGORY		DESIRED ACTION
0 –7	Lower risk	=	No intervention required
8 –15	Increasing risk	=	Brief Advice
16-19	Higher risk	=	Brief Advice and/or extended BA
20+	Possible dependence	=	Referral to services (see below)

Brief Intervention (IBA) pathway

AUDIT-C
(3 questions)

→ Where individual scores below 5, no further action required

Where individual scores 5+, ask remaining 7 AUDIT questions for total score

AUDIT Score 0-7

Congratulate and reinforce benefits of lower risk drinking.

AUDIT Score 8 -15

Deliver 'Brief Advice' e.g using 2-sided *Brief Advice Tool.*

AUDIT Score 16-19

Deliver 5 mins 'Brief Advice' using 2-sided &/or offer 20-30 min follow-up session of Extended Brief Advice.

AUDIT Score 20+

With patient consent, refer to:
LASARS-the single contact point for assessment and referral into **alcohol treatment** services
Tel 01865 403261

LASARS will allocate the individual to either the Recovery service or Harm Minimisation Service , according to the assessment.

LASARS can also refer the individual for residential detoxification and rehabilitation

Lower risk
This level of drinking means that in most circumstances you have a low risk of causing yourself future harm

Increasing risk
Drinking at a level that increases the risk of damaging your health and could lead to serious medical conditions.

Higher risk
This level of drinking has the greatest risk of health problems.

Where the individual does not respond to Brief Advice or wants to discuss further, an 'Extended Brief intervention' (i.e. 20-30 mins motivational interviewing), should be offered.

Patients can 'Drop In' to the new Harm Minimisation Service for or an informal discussion/ extended intervention Tel 01865 455601

For Brief Intervention/IBA tools and e-learning visit
www.alcohollearningcentre.org.uk and see 'topics'> 'IBA'