Highview Medical Centre

The Elms, High Street, Potters Bar, Herts, EN6 5DA

NEW PATIENT HISTORY- REGISTRATION DETAILS

Name		
Date of Birth		
Sex	**Male** ☐	**Female** ☐

Contact Details	
Mobile Number	
E-mail Address	

Next of Kin			
Name		Relationship to NOK	
Contact Number			

Are you a Carer	**YES** ☐ **NO** ☐ (please ask for a carer's form and information pack from reception)

Ethnic origin					
White British		Other Mixed background			
White Irish		Asian/Asian British - Indian		Black/Black British African	
Other White		Asian/Asian British - Pakistani		Other Black background	
Mixed White/Black Caribbean		Asian/Asian British - Bangladeshi		Black/Black British Caribbean	
Mixed White/Black African		Other Asian background		Other ethnic	
Mixed White/Asian		Chinese		Information refused	
Language spoken					
1st Language:		2nd Language:			

Medical History We cannot issue repeat medication to new patients without you seeing the Doctor first	
Do you take any regular medication?	
Do you have any allergies?	
Do you have any information or communication needs?	**Yes** ☐ **No** ☐ (if yes please tell us how we can meet your needs?)
Do you currently smoke?	**Yes** ☐ **No** ☐ (If yes how many a day…….tobacco…….oz per week)
Have you smoked in the past?	**Yes** ☐ **No** ☐ (If yes when did you give up……..)

Alcohol Consumption						
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 in one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	