Your Allocated Nam	ed GP IS: Dr			Kiag	mοι	int Pi	ract	ice K	egis	stratio	n F	orm							
Practice Leaflet give Pt with Named GP		/D/	loggo							y conf				rnc)					
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16. House N		<u> </u>																-	-
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17. Home T	el Number:							1	18.	Mobile	Tel	Nun	nber:						
19. Email A	ddress:															$\overline{1}\overline{1}$	П		$\overline{1}\overline{1}$
(Please	provide us with	n the e-ma	il addr	ess you	use m	ost freq	uentl	у)											
Previous Hon	ne Address	in the l	UK																
20. House N	ame/Flat N	lumber:	:				_Nu	ımber	& S	treet:									
Town:				Co	unty	:					_	Po	stcod	e:					
On-line Service												_							
21. Patient F	acing Servic ecords and a																		
22. If requir														No		11 101 6	ан арр	nicatio	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
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23. Next of		onship t	to voi	u:														-	-
Title:	Family Na	-	, -			G	iver	n Nam	e:					 Teler	hone	:			
24. If requir			y situ	ation	do y	ou gi	ve R	idgmo	ount	Practi	ce th	ne pe					our m	edica	
records	with the ab	ove per	rson?	Yes		No [·							
Place of Birth	Details																		
25. Country	of Birth:						2	25. Pla	ice c	of Birth	ı:								
Previous GP D	etails in UK																		
26. Previous	GP's Name	/Surge	ry Na	me: _															
Previous	GP's Addres	ss:																	
International	Students	(Questi	ons 2	28-29)															
27. Date you													_						
28. Did you		h a GP t	the fi	rst tin	ne yo	ou car	ne t	o the	UK?	Yes		No _							
Course Detai						,													
29. Please in		u are:	<u> </u>	Jnder	grad	uate				gradua				Aff	iliate				
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c) Cigarette S			_		_		1					Oth			ase st				
35. Height:	cm	36.	Wei	ght: _		_Kg	37	.Hov	v ma	any ur	nts (ot ald	cohol	do y	ou di	.ink t	er w	eek?	

1 Unit = $\frac{1}{2}$ pint of beer/1 medium glass of wine/ 1 spirit measure e.g. vodka/Rum/Gin

Ridgmount Practice Registration Form

Alcohol Consumption Questionnaire

Questions					Scoring System						
				0	1	2	3	4	score		
1. How often do you have a	ık contair	ning alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	=			
2. How many units of alcoh drinking?	you drir	k on a typical day when you ar	re 1-2	3-4	5-6	7-9	10+	=			
3. 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?					Less than monthly	Monthly	Weekly	Daily or almost daily	=		
		-	ase answer Questions 4 to 10.	1	,		To	otal	=		
	r have yo	ou found that you were not abl	e Never	Less than monthly	Monthly	Weekly	Daily or almost daily	=			
5. How often during the las					Less than			Daily or			
normally expected from	-		Never	monthly	Monthly	Weekly	almost daily	=			
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?					Less than monthly	. I Monthly I		Daily or almost daily	=		
7. How often during the last year have you had a feeling of guilt or remorse after drinking?					Less than monthly Monthly		Weekly Daily or almost daily		=		
8. How often during the last year have you been unable to remember					Less than	Monthly	Weekly	Daily or	=		
what happened the night before because you had been drinking?					monthly	ivioritiny	VVEEKIY	almost daily	_		
9. Have you or somebody else been injured as a result of your drinking?						Yes but not in the last year		Yes, during the last year	=		
· ·	10.Has a relative or friend, doctor or health worker been concerned about your drinking or suggested that you cut down?					Yes but not in the last year		Yes, during the last year	=		
about your drinking or sug	gesi	tu tilat yc	d cut down:			tile last year	<u>l</u>	TOTAL	=		
38.Are you A Carer o	r do	vou ha	ve a Carer? I am A Care	r I	Have a Car	er Not	applicable				
39. Details of Carer/Pe											
Title:Family Nam	ie:	7	Given Name	e:		Telephone:			_		
			ct pre-cancer cells/Smear T				人早期 侦测-	子宫颈癌			
40. Date of last Cervica	l Sm	ear? (P <i>A</i>	NP Test)/								
			(GMS another practice		Clinic/Hosp	oital 🗌 (Not GM	1S) Abroad	☐(Not GMS)			
42. Cervical Smear Res	ult:	Negati	ve/Normal	Details _							
43. Please complete	date	es of Im	munications								
Immunisatio			<u>Date</u>		Immunisa	tion_		<u>Date</u>			
Immunisatio a. Meningitis A	<u>n</u>				Immunisa c. 1 st MM	_	/_	<u>Date</u>			
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a. Meningitis A b. Meningitis C We recomm	n CW'	/ HIV testing	Date	llowing import	c. 1 st MM d. 2 nd MM ant information this please info	IR IR In the Doctor or N	•				
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