

	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)			
Your Ethnic Origin: (select one)		White (UK)		White (Irish)		White (Other)		
Caribbean		African		Asian		Other Mixed Background		
Indian		Pakistani		Bangladeshi		Other Asian Background		
Other Black Background		Chinese		Other		Ethnic Category not stated		
Your main or 1st language Spoken / Understood: (select one)		English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi	
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)			
Your height:	Feet / inches		cm		Your weight:	Stones / lbs.		kg
Smoking, Alcohol Consumption and Exercise:								
Are you currently a smoker?		Yes	No	Have you ever been a smoker?		Yes	No	
If so, how many cigarettes / cigars / tobacco do you smoke in a day?			Alcohol – see attached sheet					
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>								
How often do you exercise? (please circle)		No exercise Light exercise Moderate exercise Heavy exercise						






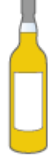






Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		

Specific Needs:	
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:	
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):	
Are you an 'Assistance Dog' User?	
Please state any Physical disabilities you have:	
Please state any Mental disabilities you have:	
Please state any Religious or Cultural needs:	

Do you require the help of a Translator / Interpreter?												
Please state any allergies and sensitivities you have:												
If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u>											
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.	<u>Carer Contact Details:</u>											
	<u>Signed:</u>	<u>Date:</u>										
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes / No	<i>If "Yes", can you please bring a written copy of it to your New Patient Consultation</i>										
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes / No	If "Yes", please state their name / address / phone number:										
<p>Please inform us if you wish to register on the organ donation register (please circle)</p> <p>Any part of my body Kidneys Heart Liver Corneas Lungs Pancreas</p> <p>For info visit: www.uktransplant.org.uk</p>												
Chemist of your choice (please circle)												
<p>I would like to collect all future prescriptions from the following chemists (please choose one):</p> <table border="0" style="width: 100%;"> <tr> <td>ASDA</td> <td>BOOTS</td> </tr> <tr> <td>PEAK PHARMACY</td> <td>COSBY PHARMACY</td> </tr> <tr> <td>ENDERBY</td> <td>LLOYDS BLABY</td> </tr> <tr> <td>LLOYDS LFE</td> <td>SAINSBURYS</td> </tr> <tr> <td>VILLAGE PHARMACY</td> <td>WHETSTONE CHEMIST</td> </tr> </table>			ASDA	BOOTS	PEAK PHARMACY	COSBY PHARMACY	ENDERBY	LLOYDS BLABY	LLOYDS LFE	SAINSBURYS	VILLAGE PHARMACY	WHETSTONE CHEMIST
ASDA	BOOTS											
PEAK PHARMACY	COSBY PHARMACY											
ENDERBY	LLOYDS BLABY											
LLOYDS LFE	SAINSBURYS											
VILLAGE PHARMACY	WHETSTONE CHEMIST											
<p><u>Patient Participation Group</u></p> <p>The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.</p> <p>We have a very active Patient Participation Group and for further information please visit:</p> <p style="font-size: 1.2em; color: blue;">www.thelimesppg.org.uk</p> <p>Please see contact details on the website if you want to discuss the groups aims/objectives and any further information</p>												

Alcohol Users Disorders Identification Test (AUDIT)

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. 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	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year.		Yes, during the last year.	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year.		Yes, during the last year.	

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%	 Large glass of wine (250ml) 12.5%	Government advises alcohol consumption should not regularly exceed:  Men 3-4 units daily  Women 2-3 units daily	

Source: ONS, NHS

 Medium glass of wine (175ml) 12.5%

Please see Alcohol Units Chart over sheet

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

This practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record – you do not need to do anything and a Summary Care Record will be created for you.**
- **No I do not want a Summary Care Record – Please ask for an opt out form and return to Receptionist**

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt out form on their behalf requesting us to consider opting them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

The Limes Medical Centre
Are you a carer for someone or does someone care for you?

If you are we would like to know so that we can better understand your circumstances and improve the health care we offer you. We may also be able to help you with information about other services and support you may find useful.

Please provide the following information

If you are a carer, approximately how much time per week do you spend as a carer and how many people do you care for?

.....

If you are cared for, approximately how much time per week does your carer spend caring for you?

.....

If your carer wishes us to hold a contact number for use in case of any emergencies then please provide that below together with your carer's signature as consent to providing this information

Contact details of carer:

Name.....

Address.....

Contact telephone numbers

.....

Signature of Carer as consent to providing this information to us:

.....

Name (printed) Date signed

Please be aware that this information is completely confidential and will be kept in your medical records for use only by our health care professionals