

Do you have any special communication needs?  Yes  No

If yes:  Sign Language  Large Print  Other

**Please tell us about yourself:**

Are you a carer?  Yes  No

Do you have a carer?  Yes  No

If yes, please tell us the name & address of your Carer:

Are you happy for us to contact your carer about you?

Yes  No

**Lifestyle .....**

Please enter your height & weight:

Height:

Weight:

**Lifestyle smoking .....**

Do you smoke:  Yes  No

If yes, do you smoke:  Cigarette  Cigars  Pipe

Are you an ex-smoker?  Yes  No

When did you give up?

How many cigarettes/ cigars do you smoke daily?  <1/day  1-9/day  10-19/day  20-39/day  40+/day

If you smoke a pipe how many ounces a week?

Would you like help to quit smoking?  Yes  No

**Lifestyle alcohol .....**

Do you drink alcohol:  Yes  No If yes, please answer the following questions:

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 on one occasion?

- Never  
  Less than Monthly  
  Monthly  
  Weekly  
  Daily or almost daily

**Lifestyle exercise .....**

Do you exercise:     Yes     No

If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

**Female patients only .....**

Are you currently, or think you may be pregnant?

- Yes     No

Do you have any children?

- Yes     No    If yes, how many?

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test?

- Yes     No    If yes, what was the result? (if known)   
 Date (if known)

**Ethnicity .....**

Please indicate your ethnic origin:

- British or mixed British  
  Irish  
  African  
  Caribbean  
  Indian  
  Pakistani  
 Bangladeshi  
  Chinese  
 Other (please state):   
 Decline to state

**Next of kin .....**

Name:  Tel. contact number:

Relationship:

Address:

**Data sharing consent choices .....**

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Where you have provided information on how to contact you, can you confirm you are happy for St James's Surgery to contact you by the following:

By email                                     Yes     No

**Contact details**

|               |  |
|---------------|--|
| <b>HOME</b>   |  |
| <b>MOBILE</b> |  |
| <b>WORK</b>   |  |
| <b>EMAIL</b>  |  |

By text

Yes  No

This will be to send you reminders of appointments via text

**Signature .....**

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:

Signature of patient  Signature on behalf of patient