

SIGHTHILL GREEN MEDICAL PRACTICE

Thank you for registering with our Practice. We very much hope that the services we offer will enable you to live a healthy life. As part of your registration it would help us if you could complete the questions below.

First Name:	Next of Kin:
Surname:	Relationship to you:
Date of birth:	Their telephone no:
Telephone No:	
Mobile No:	

Ethnic Origin (please circle)

- | | | |
|------------------------|------------------------------|------------------------------------|
| 1. White Scottish | 2. English | 3. Welsh |
| 4. Northern Irish | 5. White British | 6. Gypsy/Romany |
| 7. Polish | 8. Other white ethnic group | 12. Other ethnic mixed origin |
| 13. Pakistani | 14. Indian | 15. Bangladeshi |
| 16. Chinese | 17. Other Asian ethnic group | 18. Black African |
| 19. Black Caribbean | 20. Black British | 21. Black, other, non mixed origin |
| 22. Other ethnic group | | |

Do you require a translator: (Please circle) YES / NO

What is your first language? _____

Do you have any allergies to medicines? (If yes, please add below)

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

Do you have any long term illnesses or conditions? (If yes, please add below)

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |

Do you take any medication, if so, please add these in the table below.

Name of medication	Strength of tablet:	Number of times a day:

Please tell us your:

Height: _____

Weight: _____

Do you smoke? (please circle)

Yes How many per day? _____

No

Ex-smoker

Alcohol Intake (please circle)

Teetotal

Within limits

Above limits

(Acceptable limits are 14 units per week for women/21 units per week for men)



1 pint 4% beer
2.3 units



1 glass wine
2.3 units



1 shot whisky
1 unit

Would you like to receive advice and learn about local community support services for:

- | | | |
|----|--------------------|----------|
| 1. | Exercise | Yes / No |
| 2. | Smoking Cessation | Yes / No |
| 3. | Weight loss | Yes / No |
| 4. | Support for Carers | Yes / No |
| 5. | Safe alcohol use | Yes / No |

If so, please circle which area is of interest to you.