PATIENT'S NAME……..

Email Address ……
Will only be used to contact you for feedback on services we provide approx 2-3 times per year.

Mobile Number……

FREE text reminders (a safe and secure service)

We are increasing the ways in which we can contact patients, as this will enable us to send you confirmation and reminders of appointments, annual reviews and, with future developments, test results and other information.

(please tick)

☐ I would **LIKE** to receive text messages from the surgery ☐ I would **NOT** like to receive text messages from the surgery

☐ **DO YOU CARE FOR ANOTHER PERSON WITH AN ILLNESS OR DISABILITY? (Please ask at Reception for a Carers form)**

From 1st April 2006, we are required to record ethnic origin and smoking history as part of our registration process. Please complete with a tick as appropriate.

WHITE
British or mixed British
Irish
White – Other

BLACK OR BLACK BRITISH
Caribbean
African
Any other black background

MIXED
White and black Caribbean
White and black African
White and Asian
Any other mixed background

ASIAN OR ASIAN BRITISH
Indian or British Indian
Indian or British Indian
Pakistani or British Pakistani
Other Asian

OTHER ETHNIC GROUPS
Chinese
Sikh
Arab

Ethnic group not stated

We are required to record the smoking status of our patients

Do you smoke now Yes/No
If Yes Cigarettes/Cigars How many a day ……..

If Non smoker now
Have you ever smoked Yes/No
When did you give up (What year) ……..

DO YOU HAVE A COIL OR CONTRACEPTIVE IMPLANT FITTED? ☐

Date for replacement …….

DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS **Y** ☐ **N** ☐

IF YES: ☐ **SIGN LANGUAGE** ☐ **LARGE PRINT** ☐ **OTHER** ☐

WOULD YOU LIKE TO JOIN OUR VIRTUAL PATIENT PARTICIPATION GROUP **Y** ☐ **N** ☐
We may seek your views on our services or supply you with the occasional newsletter usually via email

THANK YOU

OFFICE USE ONLY

Code: 9NN60 67DJ **Patient informed of allocated GP** ☐

ST MARY'S SURGERY

AUDIT-C

NAME …….. DATE ……..

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive

SCORE