

Local Resident/Staff Health Registration Form

Alcohol Consumption Questionnaire

Questions	Scoring System					Your score
	0	1	2	3	4	
1. 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	=
2. 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+	=
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	=
If you scored 5 or more please answer Questions 4 to 10.					Total	=
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 from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or 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?	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 you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	=
9. Have you or somebody else been injured as a result of your drinking?	No		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?	No		Yes but not in the last year		Yes, during the last year	=
					TOTAL	=

34. Are you A Carer or do you have a Carer? I am A Carer I Have a Carer Not applicable

35. Details of Carer/Person you Care for: Relationship: _____
Title: _____ **Family Name:** _____ **Given Name:** _____ **Telephone:** _____

Gynaecological Examination to detect pre-cancer cells/Smear Test/Pap Smear/ 子宫颈抹片检查,可以早期侦测子宫颈癌

36. Date of last Cervical Smear? (PAP Test) ____/____/____

37. Where was it taken? GP Surgery (GMS another practice) **Other UK Clinic/Hospital** (Not GMS) **Abroad** (Not GMS)

38. Cervical Smear Result: Negative/Normal Abnormal Details _____

Please read the following important information

We recommend HIV testing for all new patients if you do not wish to have this please inform the Doctor or Nurse at your consultation

Personal Medical History (Please tick if you have had/have any of the following and give more details where possible)

Heart Attack	Heart Disease	Heart Failure	Angina
Stroke/TIAs	Hypertension (requiring medication)	Hypothyroidism (Underactive thyroid gland)	Depression (requiring medication)
Learning Disabilities	Diabetes Type 1	Diabetes Type 2	Epilepsy
COPD	Asthma Requiring Inhalers	Chronic Kidney Disease	Schizophrenia
Bipolar Disorder	Other Psychoses	Cancer	Dementia

39. Please give details of current or past medical problems other than previously specified:

40. Please give details of any hospital treatment or operations?

41. Please state any relevant medical Family History: Mother: _____ **Father:** _____
Brother: _____ **Sister:** _____ **Other (State relationship):** _____

42. Please give details of any medication you take on a regular basis:

43. Allergies: Please give details of any allergies you have:

Summary Care Record (SCR) For more information go to www.nhs.uk/summary or take a leaflet from reception

44. Would you like a Summary Care Record? Yes **No** Please see information provided.

NHS Digital To find out more or to make your choice visit: nhs.uk/your-nhs-data-matters or call 0300 303 5678. Or take a leaflet from reception.

45. Are you happy for your anonymised data to be shared for secondary use? Yes **No**

If you answered YES to Q.45. –Are you happy for your anonymised data to be used by NHS digital for research and planning? Yes –do nothing if NO please make sure you go to nhs.uk/your-nhs-data-matters or call 0300 303 5678 (you will need your NHS number) to opt out

CIDR Camden Integrated Digital Record, is a local initiative to enable your care providers in Camden to view the relevant information when treating you and so give you the best possible care.

46. You are automatically Opted In to CIDR if you would like to Opt Out please ask Reception for the CIDR Opt out form.

47. Your Signature: _____ **Date:** ____/____/____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinarily residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP Practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the immigration Health Charge (the Surcharge), when accompanied by a valid visa. I can provide documents to support this when requested
- c) I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16

Signed		Date	
Print name		Relationship to	
On behalf of		patient	

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
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If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Country Code:	
3. Name:	
4. Given Names:	
5. Date of Birth:	
6. Personal Identification Number:	
7. Identification number of the institution:	
8. Identification number of the card:	
9. Expiry Date	

PRC Validity period (a) From:		(b) To:	
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Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will you EHC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the Cost recovery process.

Your EHIC, PRC or S1 information will be shared with the Department for Work and Pensions for the Purpose of recovering you NHS costs from your home country.