

**Drs Pooley, Cook, Hiles, Bellas, Tyrer & Smith**  
**The Lambert Medical Centre, 2 Chapel Street, Thirsk, YO7 1LU**  
**Tel. 01845 523157**

To register with the practice please complete this questionnaire as fully as possible. This will assist the doctor and nursing team in providing your care and treatment.

Surname..... Forename.....

Address.....

Postcode..... Date of Birth.....

Home tel. number..... Mobile Number.....

Email address.....

Would you be happy for the practice to contact you via email? Yes  No

Would you be happy for the practice to contact you via text message Yes  No

**\*\* It is your responsibility to advise the practice if any of these details change\*\***

Do you have any special communication needs and are you happy for us to share this with other healthcare providers ? .....

**Previous Medical History**

Please let us know if you have any of the following conditions:

- Diabetes - Type 1  Type 2  Not sure
- COPD
- Previous Stroke / Transient Ischaemic Attack
- Chronic Heart Disease

Are you under hospital supervision or monitoring for any medical conditions. If yes give details:

.....  
.....  
.....

**Family History**

Is there any of the following in your immediate family (father, mother, brother, sister):

Heart Disease  Diabetes  High Blood Pressure

Stroke  High Cholesterol  Cancer  (Please specify)

If yes, please give details of whom affected and at what age.....

.....

**Allergies**

Please give details of any known allergies, particularly drug reactions:

.....

**Smoking**

Do you smoke? Yes No

If yes, how many cigarettes/cigars/oz of tobacco per day .....

If no, have you ever smoked and when did you give up .....

**Carers**

Are you a Registered carer for anyone? If so, please give details.....

Do you have a registered carer? If so, please give details.....

## Alcohol

Please circle the relevant answers: Please note that 1 standard drink = ½ pint of beer or lager, a small glass of wine, a single shot of spirit.

Questions	0	1	2	3	4	Your score
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?	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	

**Please provide your total in this box**

Please complete the reverse questions only if you scored more than 8 in the previous section

Questions	0	1	2	3	4	Your score
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/ friend/doctor/ health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>Sub Total</b>						
<b>Total</b>						

We aim to provide lifestyle advice where appropriate. If you would like to speak to someone about your lifestyle or would like advice on giving up smoking or drinking please refer to our website or speak to your GP or nurse who will be able to help.

Reception Staff: Please tick here and initial if you have given out a lifestyle advice leaflet.

Please tick here and initial if you have added code 67DJ + 9nn60

Receive information by phone – 9Nds

Receive information by text – 9Ndp