



- Can you explain what support would be helpful? .....
- What is the best way to send you information? .....
- What communication support could we provide for you? .....

**Next of Kin (Emergency Contact)**

Name .....

Address .....

Telephone .....

What is your occupation? .....

What is your main or first spoken language? .....

Are you or have you been in the Armed Forces? .....

What is your ethnicity?

White	White British	
	Other White	
Mixed/Multiple Ethnic groups	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other Mixed / Multiple Ethnic background	
Asian/Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Chinese	
	Any other Asian background	
Black/African/Caribbean/Black British	Black African	
	Black Caribbean	
	Any other Black background (Black/African/Caribbean background)	
Other ethnic group	Any other ethnic group including Arab	

Please list all household members registered with MMP (adult and children)



Date of last smear	
Do you have a coil or implant? Date of fitting.	
Have you had a hysterectomy?	
<b>VACCINATIONS</b>	
Date of last influenza vaccination	
Date of any pneumonia vaccination	
Date of last tetanus vaccination	
Other vaccinations – e.g. travel / hepatitis	
<b>FAMILY HISTORY-</b> has any member of your close family (parents, brothers, sisters, grandparents, aunts, uncles) had any of the following illnesses? (Please circle the answer)	
Heart Disease (over 60 years of age)	Yes / No / Don't know - Please provide details
Heart Disease (under 60 years of age)	Yes / No / Don't know - Please provide details
High blood pressure	Yes / No / Don't know - Please provide details
Stroke	Yes / No / Don't know - Please provide details
Diabetes	Yes / No / Don't know - Please provide details
Asthma	Yes / No / Don't know - Please provide details
Cancer	Yes / No / Don't know - Please provide details
Glaucoma	Yes / No / Don't know - Please provide details

**OTHER INFORMATION**

Do you have a carer?                      Yes / No

If you have a carer do they need communication assistance? Yes / No .....

Are you a carer for anyone?    Yes / No

**MMP offers a carer support pack which you may find useful. We also offer a carer healthcheck. Please ask at reception for details.**

Are you registered disabled? Yes / No

Please give details of your disability .....

**SMOKING HISTORY**

Current Smoker       Ex smoker       Date stopped.....      Never Smoked

If you smoke, would you like to stop? Yes / No

**Stopping smoking can make a big difference to your health and lifestyle. It is never too late to stop smoking to greatly benefit your health.**

**Help is available if you find it difficult to stop. GPs, practice nurses and pharmacists can provide information, encouragement, and tips on stopping smoking.**

**The practice offers a specialist NHS Stop Smoking Clinic which has a good success in helping people to stop. Various medicines can increase your chance of quitting which are available on prescription through our clinics.**

**Please speak to reception for more information.**

**ALCOHOL**

Alcohol intake (Average weekly consumption) .....

One unit is equal to one small (125ml) glass of wine, half pint of standard strength beer or a single measure of spirit

Please complete the following:

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	

**If you have scored > 5, your alcohol intake may be harmful to your health.**

**Please book a new patient check with our nursing team to assess this further.**

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**Summary Care Records**

The NHS are changing the way your health information is stored and managed. The NHS summary care record is an electronic record of important information about your health. It is available to health care staff providing your NHS care. Please ask at reception for more information.

Are you happy to have a Summary Care Record?	Yes	No
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Thank you for completing this form.

For more information about the services we offer please see our practice leaflet or visit our website

<http://www.mmpmedical.com>

For office use only

Named GP .....

Allergies – passed to GP Yes/No

New patient check booked Yes/No

Record information via MMP NPC template