

St Augustine's Surgery - Patient Profile

Contact Details

Full Name (Please print)	
Date of Birth (DD/MM/YY)	
Main Contact Number	
Mobile Telephone Number	
Work Telephone Number	
E-mail Address	
Occupation	
Religion	

Next of Kin – name, relationship and contact telephone number

Health

Do you smoke?	
Have you ever smoked?	
If yes how many a day?	
How tall are you?	
How much do you weigh?	
Please attach a copy of any current prescription if applicable.	

Do you have any of the following? (YES/NO)

High Blood Pressure	
Diabetes	
Heart Problems	
Asthma	
High Cholesterol	

Do you have any allergies? Please state if so.

Do you care for anyone else?	
If yes please state who you care for and how you are related to them. (Even if they are not a patient at St Augustine's)	

Child Immunisations (Children only)

Diphtheria, tetanus, pertussis, polio & haemophilus influenza type b (Hib)	2 months	
Diphtheria, tetanus, pertussis, polio and Hib	3 months	
Meningococcal group c disease (men c)	3 months	
Diphtheria, tetanus, pertussis, polio and Hib	4 months	
Men C	4 months	
Pneumococcal disease	4 months	
Hib/Men C	12/13 months	
Pneumococcal disease	12/13 months	
Measles, mumps and rubella (German measles)	12/13 months	
Diphtheria, tetanus, pertussis and polio	3 yrs 4mths	
Measles, mumps and rubella	3 yrs 4mths	

Continued Overleaf

Alcohol Intake

How often do you have a drink containing alcohol? Please circle the correct answer.

Answer	Points
Never	0
Monthly or less	1
Two to four times a month	2
Two to three times a week	3
Four or more times a week	4

How many units do you have on a typical day? (bottle of wine has 12 units, pint of ale 2 units, pint of lager 2.5 units)

Answer	Points
None, I do not drink	0
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4

How often do you have six or more units on one occasion?

Answer	Points
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Total:

Ethnic Origin (please tick one)

If you DO NOT wish to state your ethnicity please tick this box	What is your main language? (please tick)		
British	English		
Irish	Bengali		
White Other	Cantonese		
Bangladeshi	French		
Indian	German		
Pakistani	Hindi		
African	Italian		
Caribbean	Mandarin		
Chinese	Polish		
White and Asian	Punjabi		
White and Black African	Spanish		
White and Black	Other (please state		
Other Ethnic Background (please state)			

Please tick this box if you DO NOT wish to receive text messages from the surgery

Continued Overleaf

Any further information

Signature:

Date:

Proof of ID required – to complete your registration please provide two forms of ID, one of which must include your photograph.

Office Use Only

Passport	()	Photo driving licence	()	Addressed payslip	()
Firearms License	()	HM Forces ID card	()	Benefit statement	()
Birth Certificate	()	Utility Bill	()	NHS card	()
Other (please state)	()				