

Please use BLOCK CAPITALS and answer all questions.
 The information provided will form part of your medical record.
 If you are returning from the **Armed Forces**, please let us know.

OFFICE USE ONLY			
Out: Init/Date	In: Init/Date	Pt no.	NPHC Dec

<p>Personal Details</p> <p>1. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms</p> <p>2. Surname: _____</p> <p>3. First names: _____</p> <p>4. Previous surname(s): _____</p> <p>5. <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>6. Date of birth: ____ / ____ / ____ <small>(day) (month) (year)</small></p> <p>7. NHS number: _____ <small>(if known)</small></p> <p>8. Town and country of birth : _____</p>	<p>9. If you are from abroad, the date you came to UK: _____</p> <p>10. Current Manchester address: _____ _____ _____ Postcode: _____</p> <p>11. How long will you be at this address? <input type="checkbox"/> Less than 6 months <input type="checkbox"/> More than 6 months</p> <p>12. Home telephone: _____</p> <p>13. Work telephone: _____</p> <p>14. Mobile telephone: _____</p> <p>15. Email: _____</p>
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<p>Previous GP Details</p> <p>17. Name and address of last GP/surgery: _____</p> <p>18. Your address while registered with that GP: _____ _____ Postcode: _____</p>	<p>16. Have you <u>ever</u> been registered with a GP in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Signature</p> <p><input type="checkbox"/> 19a. Signature of patient:</p> <p><input type="checkbox"/> 19b. Signature on behalf of patient: _____</p>	<p>20. Date: _____</p>
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<p>Your Next of Kin / Emergency Contact</p> <p>21. Next of kin's name: _____</p> <p>22. Relationship to you: _____</p>	<p>23. Next of kin's address: _____ _____</p> <p>24. Telephone numbers: _____</p>
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NHS Organ Donor registration – voluntary

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.

Please tick as appropriate

Kidneys Heart Liver Corneas
 Lungs Pancreas Any part of my body

Signature confirming consent to organ donation _____ **Date** _____

For more information, please ask for the leaflet on joining the NHS Organ Donor Register.

NHS Blood Donor registration – voluntary

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register _____ **Date** _____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register.

My preferred address for donation is (only if different from above, e.g. your place of work): _____

Postcode: _____

Please turn over

Your Ethnic Group

25. Please choose one of the five sections and then tick your ethnic group:

*(Please tick one box only)**These ethnic group descriptions are a national standard taken from the 2001 census*

	White	Mixed
	<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White– please write in:	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed– please write in:
Asian or Asian British	Black or Black British	Chinese or Other
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian– please write in:	<input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Somali <input type="checkbox"/> Other Black– please write in:	<input type="checkbox"/> Chinese <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Any other – please write in:

Health 26. Do you take regular medication? Yes No27. Do you have any long-term illness, health problem or disability? Yes No*If you have answered “Yes” to either of these questions, please make an appointment for a new patient health check.***Lifestyle**28. Are you a main carer (unpaid) for someone who has poor health or disability? Yes No29. Do you smoke? I've never smoked I smoke => cigarettes per **day**: _____
 I used to smoke => Date I quit: _____30. How often do you have a drink containing alcohol?
 ₀ Never ₁ Monthly or less ₂ 2-4 times per month ₃ 2-3 times per week ₄ 4+ times per week*Alcohol units: Pint of beer/lager/cider = 2, Single spirits (25ml) = 1, Glass of wine (175ml) = 2, Alcopop = 1.5*

31. How many units of alcohol do you drink on a typical day when you are drinking?

 ₀ 1-2 ₁ 3-4 ₂ 5-6 ₃ 7-8 ₄ 10+32. 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? ₀ Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily**Language**

33. My main spoken language is: _____ (one only)

34. Do you have any problems reading English?

-
- I have no problems
-
-
- I have some problems
-
-
- I have a lot of problems

35. Do you have any problems speaking English?

-
- I have no problems
-
-
- I have some problems
-
-
- I have a lot of problems

36. If English is not your main spoken language, do you need someone to help with language when you visit the doctor? Yes No**Current University students only**37. Are you currently a full-time or part-time University student? Yes No*If “No”, please ignore the rest of this section.*

38. Which University? _____

39. Course end date: _____

40. Are you an overseas student? Yes No**Thank you for completing this form. The information will help us plan our service better. For more information about how we use your information, please see our practice leaflet.**