LAKESIDE HEALTHCARE
at Stamford

NEW PATIENT INFORMATION CARD

Surname: **First Name(s):**	
Title:	Permission to create a Summary Care Record to use in an emergency: Yes if not, please see https:\\digital.nhs.uk to opt out.
Sex: **Date of birth:**	
Address & Post Code **Home Tel:** **Mobile:** **Email:**	**Next of Kin ……** **Relationship to patient:……** **Name & Address** **Home Tel:** **Mobile:**
Do you care for someone?	**Does someone care for you?**
CHILDREN UNDER AGE OF 16 YEARS: **Who has parental responsibility:**	
Country of origin:	
Ethnicity: **Main spoken language:**	
GENERAL HISTORY- Have you had any medical problems?	
Do you suffer from: **Date of Diagnosis** Asthma Yes/No Diabetes Yes/No Epilepsy Yes/No High blood pressure Yes/No	
Please list all medication:	
Do you have any allergies to medication or anything else?:	
Do you or have you ever smoked? Never Stopped in …… Current Smoker ……./day	
How much exercise do you do? None Light Moderate Heavy	
FAMILY HISTORY - Which of your blood relations have suffered: Heart attack …… Angina …….. Stroke …….. High Blood Pressure……. Cancer …… Asthma …… Diabetes…….. Other serious illnesses ……	
Date of last Tetanus Booster:	

LAKESIDE HEALTHCARE
at Stamford

FEMALE PATIENTS ONLY: - Which method of contraception are you using at present?

When was your last smear test? **Result:**

Sign …….. Date ……..

Fast Alcohol Screening Test (FAST)

For the following questions please circle the answer which best applies.

1 drink = 1/2 pint of beer or 1 glass of wine or single spirit

1. MEN: How often do you have 8 or more drinks on one occasion?
WOMEN: How often do you have 6 or more drinks on one occasion?

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

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

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

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

0	2	4
No	Yes, on one occasion	Yes, on more than one occasion

Alcohol Units per week …….u/wk.