Keele Practice New Patient Information

Name_____ **Todays date** _____

Gender _____ **Date of Birth**_____

University Address **Home Address**

_____ _____

_____ _____

_____ _____

Uni tele:_____ **email address:** _____

Mobile:_____ **Home tele:**_____

Exercise: **None [ ]**
(weekly) **1 Times [ ]**
2 Times [ ]
3+ Times [ ]

Smoking **Current smoker [ ]** **How many cigarettes per day?**.....
Do you require smoking cessation advice? Yes [ ] No [ ]
(please tick) **Ex smoker [ ] Date stopped smoking** .....
Never smoked [ ]

Average Alcohol: Number of units per average week_____ **（滴酒不沾**
Teetotal [ ]
Brief intervention, advised about alcohol [ ]

BP_____
Pulse_____

Height_____ **Weight**_____

Ethnic Origin:

White- British	[ ]	Pakistani or British Pakistani	[ ]
White – Other	[ ]	Bangladeshi	[ ]
Irish	[ ]	Other Asian background	[ ]
White & black caribbean	[ ]	Other black backgorund	[ ]
White & black african	[ ]	Caribbean	[ ]
White and Asian	[ ]	African	[ ]
Other mixed background	[ ]	Mixed White & Asian	[ )
Chinese	( )		
Indian or British Indian	[ ]	Any other	[ ]

First Language ----------

Religion (optional) ----------

Allergies (过敏)_____

_____

Family Medical History_____

_____

Significant Medical History_____

_____

Current Medication including contraception
目前服药包括避孕方式 _____

Are you a carer of do you care for someone else? (Please give details)

_____

_____

Please tick any specific needs that you have:

Sensory impairment (hearing, sight etc) [ ]		Physical disability [ ]
Mental disability [ ]	Religious/cultural needs [ ]	Phobias [ ]
Access to premises [ ]	Dog assistance [ ]	Advocacy [ ]

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