

If you have previously lived abroad, which country have you come to the UK from? (includes visits overseas longer than 3 months)  
 If the answer to the question is one of these countries below you will need to discuss with the GP about Tuberculosis screening.

Afghanistan		Ecuador		Morocco	
All African Countries		El Salvador		Nepal	
Argentina		Estonia		Nicaragua	
Armenia		Georgia		Pakistan	
Azerbaijan		Guatemala		Paraguay	
Bangladesh		Guyana		Peru	
Belarus		Haiti		Portugal	
Bolivia		Honduras		Korea	
Bosnia		India		Moldova	
Brazil		Indonesia		Romania	
Brunei		Iraq		Russia	
Cambodia* high risk		Kazakhstan		Saudia Arabia	
China		Latvia		Singapore	
Colombia		Lithuania		Sri Lanka	
Croatia		Malaysia		Thailand	
Dominican Republic		Maldives		Timor-Leste	
DPR Korea		Micronesia		Ukraine	
Djibouti		Mongolia		Vietnam	

Any additional information:.....

## Glenridding Health Centre

### New Patient/Health Check Card

**Please bring photographic ID and verification of current address with you when you register.**

Office Use—Named GP and Patient Informed \_\_\_\_\_  
 Dr Lucy Dickinson

ID seen and verification of address seen \_\_\_\_\_

Surname: \_\_\_\_\_

First Name (s): \_\_\_\_\_

Sex: Male  Female  D.O.B: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have any hearing difficulties? \_\_\_\_\_

Do you need an interpreter? \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_

Work Tel No: \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Allergy/Nature of allergy: \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes how many a day? \_\_\_\_\_

Have you ever smoked? Yes No

If Yes when did you stop? \_\_\_\_\_ How many a day? \_\_\_\_\_

Are you a Carer? Yes  No

If yes, who for? \_\_\_\_\_

Alcohol  
For the following questions please circle the answer which best applies.  
1 Unit = 1/2 pint of beer or one glass of wine or 1 single spirit.

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+
<b>Men:</b> How often do you have <b>eight</b> or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily
<b>Women:</b> How often do you have <b>six</b> or more drinks on one occasion?					

What medication are you taking please list below , you will need to see a Doctor to add these medications before you can reorder them.

Appointment made with Doctor \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Dates of last National Screening Programme

Cervical Screening \_\_\_\_\_

Bowel Screening \_\_\_\_\_

Breast Screening \_\_\_\_\_

Abdominal Aortic Aneurysm AAA Screening \_\_\_\_\_

### Preferred Communications Method

Please mark below your preferred method of communication.

This may be messages relating to your results, appointments or health updates specific to you:

No preference

Telephone: Home  Mobile  Work

Text

Email