Beechwood Medical Practice
Fishponds Primary Care Centre, Beechwood Road, Fishponds
Bristol BS16 3TD

Patient Information Sheet

In order for us to maintain the most up-to-date health information please take a few moments to complete the following and hand it back in at reception. Please use capital letters and fill in all sections

Contact Details

First Name ……………………………………… Last Name ………………………………………………

Date of Birth …………………………………… **EMIS No ………………………**

Address ……

……………………………………………………… Postcode ………………………………………………

Telephone Number …………………………………………… Email Address ……………………………………………………
(please print clearly)

Mobile Tel Number ……………………………………………

Do you consent to receiving text messages from the practice? Yes ☐ No ☐

Height ……………………………………………… **Weight** …………………………………………

The practice nurses can help you with advice on healthy eating and weight management if needed.

Lifestyle please tick one box for each numbered question

1. How often do you drink alcohol? Never ☐ Monthly or less ☐ 2-4 times a month ☐

2–3 times a week ☐ 4 or more times a week ☐

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

1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7,8 or 9 ☐ 10 or more ☐

3. **How often do you have six or more units of alcohol on one occasion?**

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

Do you currently smoke? No ☐ go to questions 1 & 2. Yes ☐ go to questions 3 & 4

1. If No, have you ever smoked? Yes ☐ No ☐
2. Are you an ex-smoker (at some point you have smoked for more than 1 year) Yes ☐ No ☐
3. If Yes, please state how many of each **per day**

   ______ Cigarettes ______ Cigars _____ Tobacco (grams) ______Pipe (grams)

4. If you are currently a smoker the practice offers a support to stop smoking service.

   Are you: Ready to stop smoking? ☐ Thinking about stopping smoking? ☐ Not interested ☐

Continued overleaf ……..

Allergies – Please list any known allergies

……..

……..

Ethnicity

What do you consider to be your ethic background (Please tick)

Asian or Asian British		Black or Black British		Mixed Background		White	
Bangladeshi		African		White & Asian		British	
Indian		Somali		White & Black African		Irish	
Pakistani		Caribbean		White & Black Caribbean		White other please state	
Asian other please state		Black other please state		Other mixed background please state			

What is your first spoken language ………………………………………………………………………………………….

Do you need an interpreter ……………………………………………………………………………………………………..

If you do not wish to complete this section please tick here ☐

Summary Care Record Consent Preference – Used when GPs out of hours, or when away from home in emergencies etc. Fully auditable and consent status can be changed by patient at any subsequent time.

Express consent for medication, allergies and adverse reactions only ☐

Express consent for medication, allergies, adverse reactions and additional information ☐

Express dissent (opted out) – Patient does not want a summary care record ☐

Next of Kin

Next of Kin Full Name (Mr/Mrs/Ms/Miss) …………………………………………..

Address ……………………………………………………………………………….

Relationship to Patient (wife/husband/mother etc) …………………………………..

Home Tel Number ………………………Mobile Tel Number ……………………………..

Do you have another emergency contact? Please add their details below:

Carers

- Do you have a carer? Yes ☐ No ☐

If yes, please ask at reception for a form to enable us to record details of your carer.

- Are you a carer? Yes ☐ No ☐

If yes, please ask at reception for more details as we can provide support & information for carers.

PLEASE HAND THIS FORM BACK IN AT RECEPTION. IF YOU NEED FURTHER COPIES FOR OTHER PATIENTS PLEASE ASK AT RECEPTION.