Bishops Close Medical Practice - Update your patient information

Patient Details

Title

First Name *

Last Name *

Date of Birth (DD/MM/YYYY) *

Phone Number *

Are you a veteran?

- ○ Yes
- ○ No

Address *

Street Address

Address Line 2

City

County

Post Code

Country

Email Address *

Height & Weight

Height

Weight

Waist Measurement

Blood Pressure

Resting Pulse (beats per minute)

Smoking

Do you currently smoke?

- ○ Yes
- ○ No

If Yes, how many cigarettes do you smoke per day?

- ○ 1 to 9
- ○ 10 to 19
- ○ 20 to 39
- ○ More than 40

Would you like us to contact you with advice on stopping smoking?

- ○ Yes
- ○ No

Alcohol

General guidance: 1 drink = half pint of beer, 1 glass of wine, or 1 single measure. A small glass (125ml) of 12% wine contains approximately 1.5 units.

How often do you have 8 or more drinks on one occasion (men), or 6 or more (women)?

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

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

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

Alcohol (continued)

In the last year, has a relative, friend, doctor, or other health worker expressed concern about your drinking or suggested you cut down?

- ○ No
- ○ Yes, on one occasion
- ○ Yes, more than once

Other Information

Are you a carer?

- ○ Yes
- ○ No

Name of person you care for

Title | **First Name** | **Last Name**

Date of Birth of person you care for (DD/MM/YYYY)

Your relationship to the person

Is the person you care for registered at this surgery?

- ○ Yes
- ○ No

Consent

This form collects your name, date of birth, email address, and other personal and medical information. This is used to confirm you are registered with the practice, to allow the practice team to contact you, and to update your medical records held by the practice and our NHS partners.
Please read our Privacy Policy (https://www.bishopsclosemedicalpractice.co.uk/privacy-policy) to understand how we protect and manage your data.

- ○ I consent to the practice collecting and storing my data from this form. *

Signature | **Date**