

To be completed when registering a Child

Which school do they attend?..... Tel No.....

Is this child in foster care or in a placement awaiting adoption? Yes / No

Is there anybody living in the household who is not registered at this practice? (**Name, relationship, date of birth and GP Practice**)

Social Information

In case of emergency please give us the name and telephone number of who you would like us to contact:

Is this person a **Relative?** Yes / No

Or is this person a **Friend?** Yes / No

If relative, what relation to you:.....

Is this person your next of kin? **Yes / No**

If no please specify name, relationship and contact details:

Would you like to give consent for this person to discuss your medical record/collect test results on your behalf? Yes / No

Please sign here to confirm

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Ethnic Origin

- White British
- Pakistani
- Indian
- Chinese
- Black Caribbean
- Bangladesh
- Other (please specify).....

Main spoken language (if not English)

.....
Prefer not to divulge

Do you spend a large amount of your time looking after a relative or friend? **Yes / No**
If **yes** please give details

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Answer the following questions if you are over 16 years of age.

Question 1: How often do you have a drink that contains alcohol?

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

Question 2: How many standard alcoholic drinks do you have on a typical day when you are drinking?

- 1-2
- 3-4
- 5-6
- 7-9
- 10+

Question 3: How often do you have 6 or more standard drinks on one occasion?

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

When completed please return it to reception at either Rothbury or Longframlington

The Rothbury Practice
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