

**NEXT OF KIN**

Name

Address

Phone

Relationship

**ETHNICITY**

Please indicate your ethnic category. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions. This form should only be completed by the patient in person, or a parent in the case of a child. It may not be changed by us unless you ask for a change. This information will be added to your computer health record and will remain confidential.

Name..... D.o.B.....

What is your first language? .....

**White**

British or Mixed British  Irish

Other White Background

**Mixed**

White & Black Caribbean  White & Black African

White and Asian  Other Mixed Background

**Asian or Asian British**

Indian or British Indian  Pakistani or British Pakistani

Bangladeshi or British Bangladeshi  Other Asian Background

Chinese  Other

**Black or Black British**

Caribbean  African

Other Black Background



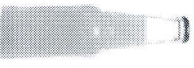



**Not Stated or Patient Refused**

Ethnic Category Not Stated  Ethnic group - Patient Refused

**ALCOHOL**

	Scoring system				Your score
	0	1	2	3	
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
How many standard alcoholic drinks (units) do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

**UNITS**

2		2	
1.5		1	
2		9	
Pint of Regular Beer / Lager / Cider		Alcopop or Can of Lager	
Glass of Wine (175ml)		Single Measure of Spirits	
Bottle of Wine			

Remember - drinks poured at home are often bigger

Scoring: a total of >5 indicates potentially hazardous or harmful drinking