

# ADULT

# SUMMARY OF TREATMENT CARD

Surname:	Forename(s):
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Address:

N.H.S. Number:	Date of Birth:
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DATE	CLINICAL NOTES
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Tel. No: (H)..... (M)..... (Wk).....

Single / Married / Remarried / Divorced / Separated / Widowed ..... *(Please Circle)*

Own Occupation:.....

Husband/Wife Occupation:.....

Family History	Age if Alive	Any Serious Illness	Age at Death	Cause of Death
Father .....				
Mother .....				
Brothers .....				
& Sisters .....				
Children .....				

Year Past serious illnesses, operations or accidents:

Any present illness:

Allergies.....

Current Medication (including contraceptive pill) .....

**If you are on repeat medication, please make an appointment to see a GP**

Name and address of last Doctor:

Signature:.....

**Ethnicity:** White, Black Caribbean, Black African, Pakistani, Indian, Chinese, Japanese

Other (please state): ..... First Language: .....

Height:

Weight:

Waist:

Are you a current smoker? Yes/No Have you ever smoked? Yes/No (if yes how many daily).....

<b>Alcohol Scoring system</b> →	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Total</b>
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?	1 - 2	3 - 4	5 - 6	7 - 8	10 +	
How often have you had 6 or more units(female)8 or more units (male) on a single occasion in last year?	Never	Less than monthly	Monthly	Weekly	Daily or Almost daily	

**Please bring two forms of Identification to Register.**

(One form of Photo ID and one Proof of Address ID)

**For Office Use Only:**

Photo ID: ..... Proof of Address: ..... Date of NPC: .....