

Patient Profiling Form

The personal information you give us on this form will have the same level of confidentiality as your medical record. This means it will not be shared with any other organisation, including other Government departments such as the Home Office or the Inland Revenue. If you have any concerns about the use of the information please talk to a member of staff at your practice.

| | |
|----------------|--|
| Patient Name: | |
| Date of Birth: | |

1. About your Health:

Key:

1 unit of alcohol is equal to:

- small glass wine (125ml)
- pint of beer, lager or ale
- 1 bar measure (25ml) spirits

| | |
|---|----------|
| Have you ever smoked? | Yes / No |
| If, so do you smoke now? | Yes / No |
| If so, how many per day? | |
| Do you drink alcohol? | Yes / No |
| If so, how many units per week? | |
| What is your height? (cms if poss) | |
| What is your weight? (kg if poss) | |
| What is your waist circumference? (in cms if possible) | |

2. What would you consider to be your ethnic origin?

| | |
|--------------------------------|--|
| Asian or Asian British: | |
| Bangladeshi | |
| Indian | |
| Pakistani | |
| Asian other (please state): | |

| | |
|-----------------------------|--|
| White: | |
| British | |
| Irish | |
| Gypsy | |
| Traveller | |
| White other (please state): | |

| | |
|--|--|
| Mixed Background: | |
| White and Asian | |
| White and Black African | |
| White and Black Caribbean | |
| Other mixed background (please state): | |

| | |
|--------------------------------|--|
| Black or Black British: | |
| African | |
| Caribbean | |
| Black other (please state): | |

| | |
|-----------------------------|--|
| Other Ethnic Group: | |
| Chinese | |
| Black other (please state): | |

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3. What would you consider to be your religion?

| | |
|----------------------------------|--|
| Christianity (all denominations) | |
| Islam | |
| Judaism | |
| Sikhism | |
| Hinduism | |
| Buddhism | |
| None | |
| Other (please state) | |

4. In the clinic, which language do you usually speak and read?

| Language | Speaking | Reading |
|----------------------|----------|---------|
| English | | |
| Albanian | | |
| Arabic | | |
| Bengali | | |
| Cantonese | | |
| Farsi | | |
| French | | |
| Gujerati | | |
| Hindi | | |
| Other (please state) | | |

| Language | Speaking | Reading |
|----------|----------|---------|
| Mandarin | | |
| Polish | | |
| Punjabi | | |
| Russian | | |
| Somali | | |
| Spanish | | |
| Turkish | | |
| Urdu | | |
| | | |

5. I do not wish to complete this form

If you do not wish to complete this form, please can you state your reasons for not doing so (the information you provide will be maintained at a similar level of confidentiality to that of your medical record).

FAST ALCOHOL SCREENING (FAST)

Name: DOB:.....

For the following questions please tick the box with the answer which best applies.

1 drink = _ pint of beer or 1 glass of wine or 1 single spirits

1. MEN: How often do you have EIGHT or more drinks on one occasion?
 WOMEN: How often do you have SIX or more drinks on one occasion?

| Never | Less than Monthly | Monthly | Weekly | Daily or almost Daily |
|-------|-------------------|---------|--------|-----------------------|
| | | | | |

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

| Never | Less than Monthly | Monthly | Weekly | Daily or almost Daily |
|-------|-------------------|---------|--------|-----------------------|
| | | | | |

3. How often during 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 |
|-------|-------------------|---------|--------|-----------------------|
| | | | | |

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

| No | Yes, on one occasion | Yes, on more than one occasion |
|----|----------------------|--------------------------------|
| | | |