

CHEVIOT MEDICAL GROUP
PATIENT INFORMATION

NAME:.....

ADDRESS:.....

.....

..... **POSTCODE:**.....

TELEPHONE:..... **MOBILE:**.....

MARITAL STATUS:.....

NEXT OF KIN:.....

EMERGENCY CONTACT NAME AND TELEPHONE

NUMBER:.....

ETHNIC ORIGIN(White British):.....

SMOKING STATUS:

Never Smoked

Current Smoker (if so how many)

Past Smoker (how many years ago and how many)

.....

CARERS:

If you are a carer who do you care for.....

If you have a carer what is your carer's name.....

LANGUAGE SPOKEN:

If English is not your main spoken language please specify.....

AUDIT – C

Questions	0	1	2	3	4	
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 when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ increasing or higher risk drinking.

An overall total score of 5 or above AUDIT-C positive.


