

Welcome to our Practice

Date:.....

To make sure that we provide you with appropriate health care please complete the form below.

We would also like to invite you to make an appointment to have a health check with Barbara or Ingrid (our Health Care Assistants). This is particularly useful for patients:

- On regular medication
- Have one of the conditions listed below or
- Are over 40

Please complete the form below

I would / would not like a health check (please delete as appropriate)

Name:

D.O.B:

Height: **cm**

Daytime tel. no:

Weight: **kg**

Sex: Male / Female

Do you smoke? Yes / No
(Please read the attached leaflet)

Ethnic origin (please tick):

If so how many do you smoke?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other | <input type="checkbox"/> Confidential |

Have you ever smoked? Yes / No
If so when did you stop?

Occupation:

How much alcohol do you drink each week? (1 unit = 1 glass of wine, 1 measure of spirit, ½ pint beer/lager) **units**

Name of NoK:

Are you a carer? Yes / No

Tel. no of NoK:

If so, would you like to be referred to the Carers Support scheme? Yes / No

Do you suffer or have you suffered from any of the following? (Please circle)

- | | | |
|--------------------------|----------------|---|
| * Coronary heart disease | * Hypertension | * Chronic Obstructive Pulmonary disease |
| * Diabetes Mellitus | * Epilepsy | * Hypothyroidism |
| * Asthma | * Cancer | * A mental health problem e.g. depression |

Have you ever had any of the following? (Please circle)

- | | | |
|----------------|----------|-----------------|
| * Heart attack | * Stroke | * Epileptic fit |
|----------------|----------|-----------------|

What medication do you take? (Please specify & continue overleaf if necessary)

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Thank you for providing us with this information