Drs Carragher, Akhtar & Brindle

Please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Name	Date of Birth
Mobile	Email
Weight (kgs) Height (m)	Consent to SMS Yes / No Consent to Email Yes / No
Signature of Patient \square On behalf of patient \square	
Blood Pressure checked in the last 10 years? Tetanus jab in the last 10 years?	Yes / No Yes / No
Cholesterol checked in the last 2 years?	Yes / No
Occupation	
Smoking Do you smoke? Yes/No If yes, how many a day?	
	u stopped? per day?
Passive Smoking Are you exposed to smoke at work? Yes / No	At Home? Yes / No
Alcohol How many units of alcohol do you drink each wee (1 Unit = half pint of beer, 1 glass of wine or a pu	ek? ib measure of spirit)
Medical History Do you have any of the following? Diabetes Yes / No If yes, Type 1 / Type 2 Stroke Coronary Heart DiseaseCOI	2AsthmaPDAsthma
If so which medication do you currently use?	
	an 1.4 miles from a pharmacy) please nominate a

Family History

Is there any of the following in your family (father, mother, siblings) before the age of 65?

Carers

Do you need/have anyone who looks after you or your daily needs as a carer? Yes / No If yes would you like them to deal with your health affairs here? Yes / No Do you care for anyone else? Yes / No

Ethnicity

White British Caribbean Indian Chinese
White Irish Pakistani African Bangladeshi
White & Black White Asian Any other (please specify)

Our contact email: lower.stondon@nhs.net

Thank you for completing our questionnaire