

**Medical Information Form (if you need help completing this form or more paper please ask at reception)**

**We would like to take this opportunity to welcome you to the Practice.** We would be grateful if you could take the time to fill in the following health details. This information will help us until we are in receipt of your medical records from your last registered doctor and will enable us to provide you with the best possible healthcare. **Please complete both sides of this form**, for each member of your family, and then **book a New Patient Check** appointment at reception. Thank you.

**ABOUT YOU**

TITLE (PLEASE CIRCLE) Mr Mrs Ms Miss Master Doctor Rev Other <i>(please state)</i>	
FULL NAME	
TELEPHONE NUMBERS we can use to contact you.	
Home :	<i>It's really important these telephone numbers are kept up to date, please remember to tell us if you change them!</i>
Work :	
Mobile:	
DATE OF BIRTH	
What is your country of birth?	
What is your main spoken language?	
Do you require an interpreter? <i>(please circle)</i> YES NO	
YOUR OCCUPATION / PREVIOUS OCCUPATION IF RETIRED:	
ARE YOU REGISTERED DISABLED <i>(please circle)</i> YES NO	
DO YOU HAVE OR ARE YOU ARE CARER? Please complete the enclosed "Carers Form" and hand back to reception.	

**GENERAL HEALTH QUESTIONS**

HEIGHT	WEIGHT
EXERCISE HABITS – aerobic exercise <i>(please circle)</i>	
0 times/week    1 time/week    2 times/week    3+ times/week    Inadequate exercise	

<b>ALCOHOL if aged over 16 – Please answer these 3 questions by circling the answer</b>					
<b>Question</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day? <i>If never, please ignore</i>	1 – 2	3 – 4	5 – 6	7 – 9	10+
How often do you have <b>6</b> or more standard drinks on one occasion? <i>If never, please ignore</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

