

New patients may see our Healthcare Assistant for height and weight check. For patients aged 45 years and over, blood pressure check will be carried out. This is not a requirement of registration.

To enable us to provide you with appropriate healthcare, please complete the following questionnaire.

**Drs Watson, Charleson, Collie, Turner, Sekulin & Alam**

**Male**  **Female**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Nationality \_\_\_\_\_

Marital Status \_\_\_\_\_

Tel. No.: Home \_\_\_\_\_ Office \_\_\_\_\_

Previous Surname \_\_\_\_\_

Email: \_\_\_\_\_

No of children - names & ages \_\_\_\_\_

Mobile No.: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Tel No:** \_\_\_\_\_

Occupation: \_\_\_\_\_

We may contact you by text if we have been unable to make contact with you by telephone. You may opt out of this method of communication if you wish to do so - **OPT IN/OPT OUT (please indicate below):**

I am happy for the Practice to send me text messages, when deemed appropriate: **YES / NO**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Which ethnic group do you belong to? – You are not obliged to complete this section. Please tick as appropriate

White  Chinese  Indian  Bangladeshi  Pakistani  Black-African  Black-Caribbean

Other – please state .....  I do not wish to give this information

Do you require an Interpreter? **YES / NO** Please state language .....

Do you wish to nominate a preferred Doctor within the Practice? If so, please tick the Doctor of your choice below.

**Dr D P B Watson**  **Dr F Charleson**  **Dr W M Collie**  **Dr G Turner**  **Dr J Sekulin**  **Dr K Alam**

It may not always be possible to see your preferred Doctor. You must be prepared to see other Doctors in the Practice.

Have you **ever** smoked cigarettes or tobacco? **YES NO** (Please circle)

If you have answered '**YES**' to the above question, please answer **either** a) or b) below:  
If you have answered '**NO**', please go to the next section.

a) How many cigarettes do you smoke in a day? (Please write in number)

.....

Do you wish to give up smoking? **YES NO** (Please circle)

Have you ever been given advice on how to give up smoking, e.g. advice leaflets or counselling? **YES NO**

b) Have you stopped smoking? **YES NO** \_\_\_\_\_ (Enter date stopped)

How many cigarettes did you smoke in a day?

How many units of alcohol do you estimate you consume in one week? \_\_\_\_\_ Units (Please write number)

1 unit of alcohol = 1 measure of spirits (whisky, gin, vodka, brandy) or 1 small glass of wine or ½ pint of beer or lager

If you do not drink any alcohol, please write in '0'.

Have you ever been advised to stop drinking or to reduce the amount of alcohol you drink? **YES NO**

Please provide details of the following:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Last Blood pressure recording - please state date \_\_\_\_\_

