

New Patient Health Questionnaire

So that we can work with you to look after your health into the future, there are some questions we ask all our new patients. Please would you fill this out and hand it to a staff member who will ensure that this information is put on to your medical record, or if you prefer you can give it to the doctor at your first appointment.

Surname Name _____

First Name _____ Date of Birth _____

SMOKING STATUS

Do you currently smoke cigarettes or have you ever been a cigarette smoker? (Please tick one option)

- ☐ I have never smoked
- ☐ I currently smoke cigarettes per day
- ☐ I used to smoke but I gave up smoking, please tell us the year that you stopped

ALLERGIES TO MEDICINES

Have you ever had a reaction to a medicine or been told by a doctor that you are allergic to a medicine?
(Please circle one option)

- ☐ Yes ☐ No ☐ don't know

If you ticked YES, please list medicines you are allergic to:

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ALCOHOL CONSUMPTION

On average how much alcohol do you drink in one week?

I usually drink glasses of beer per week

I usually drink glasses of wine per week

I usually drink nips of spirits per week

☐ I don't drink alcohol

Thank you