

# 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.

Full 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 have given up. Please tell us the year that you stopped .....

If you are a current smoker stopping smoking is the best thing you can do for your health.

Would you like help to quit?  Yes  No

## **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 tick one option)

- Yes     No     I don't know

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

.....

What happened when you had this medication?

.....

## **ALCOHOL CONSUMPTION**

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

- I don't drink alcohol.

## **FAMILY HISTORY :**

**Please let us know of any significant medical conditions in any close family members (parent / sibling), please include age at diagnosis if known: i.e Cancer/Diabetes/ Heart conditions / Stroke.**

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Thank you