

PLEASE COMPLETE IN BLACK INK

IMPORTANT INFORMATION PLEASE READ CAREFULLY

IF YOU ARE ON REGULAR MEDICATION YOU NEED TO MAKE AN APPOINTMENT WITH THE DOCTOR TO OBTAIN YOUR NEXT PRESCRIPTION. AT THE TIME OF MAKING THE APPOINTMENT PLEASE LET THE RECEPTIONIST KNOW IT IS FOR A NEW PATIENT CHECK WITH THE DOCTOR. IF YOU HAVE A MEDICAL NEED AS WELL AS OBTAINING YOUR PRESCRIPTION, PLEASE ASK THE RECEPTIONIST FOR A DOUBLE APPOINTMENT.

IF YOU ARE 40 OR OVER AND NOT ON ANY REGULAR MEDICATION WE REQUIRE YOU TO MAKE ANY APPOINTMENT FOR A NEW PATIENT HEALTH CHECK WITH NURSE KINGHAM. PLEASE MAKE THIS APPOINTMENT AT THE RECEPTION DESK OR BY TELEPHONING 01249 713019

FULL NAME:

.....

ADDRESS:

.....

ETHNIC ORIGIN:

.....

SEX: M/F DATE OF BIRTH:

TEL NO:

NAME, ADDRESS OF NEXT OF KIN:

.....

.....

TEL NO:

PERSONAL HISTORY

PRESENT OCCUPATION:

.....

ARE YOU: Single/Married/Remarried/Separated/Divorced/Widow/Widower

Children: Please list giving name and year of birth:

1)

2)

3)

4)

Do you smoke? (Please circle) Yes / No

If 'yes' how many cigarettes per day or, oz, tobacco per week

.....

If 'No' have you ever smoked? (Please circle) Yes / No
If "Yes" when did you stop?

When you were smoking, were you a Light smoker/Moderate smoker/Heavy smoker
(Circle as appropriate)

Alcohol intake per week (units)
.....

Weight:

Height:

HEALTH HISTORY

Please list any serious illnesses, accidents, operations or disabilities you have had:

Approx year
.....
.....
.....
.....

Do you take any medicines regularly?

If so, please list below:
.....
.....
.....

Are you a Carer? (Please circle) Yes / No

If Yes: Who do you care for? Relationship:
.....

