



NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE
(NB all information supplied will be recorded in your confidential medical records)

Surname: Forename(s):

Date of Birth: Marital status:

Ethnicity: Gender

Language preference English / Welsh (*please delete as appropriate*)

Do you consent for contact via text message/email for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare? ***Yes/No (please delete as appropriate)**

Yes/No (please delete as appropriate)

Email address:

Please note, we may contact you to offer you support or advice if appropriate based on your submission.

Smoking

Smoking status: *Never Smoked* *Ex smoker* *Current Smoker*

If current, how many: Cigarettes per day Ounces of tobacco per day Vape

Alcohol

How many units of alcohol do you drink a week?

Please answer to the best of your knowledge:

A 750ml bottle of wine contains 10 units

A standard (175ml) glass of wine contains 2 units

A single small shot of spirits (25ml) contains 1 unit

A standard 70cl bottle of spirits contains 28 units

A pint of 3.6% strength lager/beer/cider contains 2 units

A pint of 5.2% strength lager/beer/cider contains 3 units

Height, Weight and Blood pressure (BP machine and scales in waiting room)

Height: **Weight:** **Blood Pressure:**.....

Please note, we may contact you to offer you support or advice if appropriate based on your submission.

Medication

Are you on any repeat medication? Yes/No

Please attach a copy or email us your most recent repeat medication slip or evidence of your current prescription with this questionnaire (*this allows us to put it on your repeat for you*).

Allergies

Do you have any allergies? Yes/No If Yes, please give details:

Drugs:

