

Patient Questionnaire

We are currently updating our practice records and encouraging those who have served in the military for at least one day, reservists and families of those serving to let us know. This is so we can help ensure that we aren't missing any opportunities to correctly signpost to advice and services, either now or in the future. We would appreciate you completing this short questionnaire and handing it back in to reception. **The information obtained will be kept confidential.**

1. Name:

2. Address:

3. Date of birth:

4. Are you an immediate family member of someone serving in the armed forces?

Yes (EMISNQME54) No

If yes, is this parent, spouse or sibling?

5. Have you previously served in the Armed Forces? Yes (13Ji) No

If yes :

a) Was this Army, Navy or Air Force? Descriptive text

b) Were you a reservist? Yes 0Z7 No

6. Are you currently a serving member of the armed forces? Yes 0912 No

If yes are you a reservist? Yes 0Z7 No

Thank you for taking the time to complete this questionnaire. Completed questionnaires should be handed in to reception