Patient Information

To help keep our records up-to-date please can you provide us with as much of the following information as possible and hand into reception. Thank you.

Surname: ……	First Name: ……
Address: ……	
……	Postcode: ……
Date of Birth: ……	Mobile Tel: ……
Home Tel: Area Code: ……	Would you like us to contact you via text? ☐
Phone No.: ……	(e.g. Appointments, Disease Monitoring Recalls etc.)
Email Address: ……	
Height: ……(m)	Weight: …… (kg)
Do you smoke?	Yes ☐ No ☐
- If 'No', are you an Ex-Smoker?	Yes ☐ No ☐
- If 'Yes', would you like help quitting?	Yes ☐ No ☐
- If 'Yes', please book an appointment with a practice nurse for smoking cessation advice	
Are you Ex-forces? Yes ☐ No ☐	

Please turn over >

You can also book appointments, request repeat medication and view a summary of your medical records using SystmOnline. For further information ask at reception.

Alcohol Consumption

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	