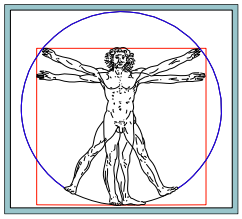
Dr V. Garg
Dr O. Yousefi
Dr V. O'Mara
Dr T.S. Mohammed
Dr A.K Bajwala



The Consulting Rooms
Oxhey Drive
South Oxhey
Watford
WD19 7RU

Tel: - 0208 428 2292

NEW PATIENT QUESTIONNAIRE

Staff Use Only
Received by:

Title:(Mr,Mrs etc).....

First Name:.....

Family Name:.....

Date of Birth:.....

NHS number:.....

Weight_____

Height_____

Home Telephone

_____

Mobile Telephone

_____

Address:
.....

.....

Blood Pressure Reading

Next of Kin:..... Relationship:..... Contact number:.....

Name of previous Doctor: .....

Address of previous GP Practice (if known): .....

Town and Country of Birth:.....

Please indicate to which ethnic group you feel you belong: _____

White British, Other White Ethnic Group, Black or Black British, Asian or Asian British, Other Ethnic Group

Your last UK Address (where you were registered with an NHS doctor)

.....

University Residential address.....

Have you arrived from abroad? YES/NO

If YES, date of arrival in UK:.....

Smoking Status:
Please circle the relevant statement to yourself.

Ex-Smoker **Never Smoked**

Current Smoker
and how many per day: _____

If you do smoke, we can help you give up. Please ask your Doctor for details.

Alcohol Intake:

Pints per Week ____

Glasses of Wine per Week ____

Shots per week ____

Health and Immunisation History

Do you suffer from any of the following medical conditions:

Diabetes: Yes/ No Asthma : Yes/No Epilepsy: Yes/No

Date of last TETANUS vaccination..... POLIO vaccination.....

Date of last MENINGITIS vaccination..... MMR vaccination.....

Date of last RUBELLA vaccination..... (females only)

Medication

Are you on any regular medication:

Yes/No

If Yes, please list below:

....

....

....

....

....

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

.....

Do you attend hospital regularly? Yes/No
If YES, give details

.....

Do you have a disability? Yes/No
If YES, give details

.....

Please leave any further information that may be of importance:

SIGNATURE: please sign to confirm that you wish to join the practice: