

OLD SCHOOL SURGERY NEW PATIENT QUESTIONNAIRE

Your Details

Name of Patient:

Date of Birth: Marital Status:

Address:

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Postcode: Tel No: Mobile No:

Email Address:

Have you been registered with this Practice before? Yes / No

Your Lifestyle

What's your height?

What is your weight?

Smoking status: Never Smoked

Current Smoker If so how many a day?

Ex Smoker Date Stopped

Alcohol status:

	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never <input type="checkbox"/>	Monthly or Less <input type="checkbox"/>	2-4 times a Month <input type="checkbox"/>	2-3 times a Week <input type="checkbox"/>	4+ times per Week <input type="checkbox"/>
How many units of alcohol do you drink on a typical day when drinking? 1 unit = 1 glass of wine (125 ml) 1 single measure of spirits or half pint lager	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7-8 <input type="checkbox"/>	10+ <input type="checkbox"/>
How often do you have 6 or more units on one occasion? Or 8 units or more if you are male?	Never <input type="checkbox"/>	Less than Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily/Almost Daily <input type="checkbox"/>

If you score over 5 please ask the Receptionist for an additional form, that will then need to be filled in.