## New Patient Health Questionnaire for Adults

**Your Contact Details** Title Surname Mr Date of Birth First Names **Previous Surnames** Occupation Home Address (inc. flat number if appropriate) Home Tel Work Tel Postcode Mobile Email Please provide an email address where possible **Information About You** What is your height? What is your weight? What is your first language? Do you need an interpreter? -Interpreter -Yes O No O Ethnic Group White O Irish Other British Other if 'other' please specify **Black** Other O Caribbean O African Other if 'other' please specify Asian Other OIndian O Pakistani O Chinese Other if 'other' please specify Mixed Other O White + Black Caribbean if 'other' please specify O White + Black African O White + Asian Other