

COURTYARD SURGERY

New Patient Registration Health Questionnaire (Adults 16 +)

Name:..... D.O.B:..... Date:

What is your: Sex: (M/F) Height Weight

Do you have a mobile telephone contact number?

Tick here to confirm that we may contact you by SMS (Text)

Do you smoke: Yes/No If yes, how many per day:

Have you ever smoked: Yes/No If yes, how many per day:
If yes, date of stopping:

Do you drink alcohol: Yes/No

If you drink alcohol please answer the following three questions: (please circle)

1	How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 – 3 times per week	4+ times per week
2	How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+
3	How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Based on your answers above how many units of alcohol do you drink per week:
(1 pint beer = 2 units. 1 pub spirit measure = 1 unit. 1 small glass of wine = 1 unit)

Do you or anybody in your family suffer from: (please tick as appropriate & include date of diagnosis if applicable to you where possible)

	You	Date of Onset	Your family
Asthma			
COPD			
Type 1 Diabetes			
Type 2 Diabetes			
Heart Disease – Under 60			
Heart Disease – Over 60			
Hypertension			
Stroke			
Epilepsy			
Breast Cancer			
Bowel Cancer			
Ovarian Cancer			
Prostate Cancer			
Cancer (please indicate type)			
Hip Fracture (mother Under 75)			

