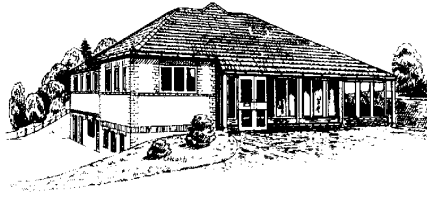


# Station Drive Surgery

*Partners:*

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 Dr C Morton  
 Dr D Mitchell



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 Shropshire  
 SY8 2AB

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## New Patient Health Questionnaire for Adults

**Name:**

**DOB:**

**Contact Details:** Home:

Work:

Mobile:

Email:

**Next of Kin Details (to be contacted in case of emergency):**

Name:

Relationship:

Contact Number:

**Health Questions**

What is your height?

What is your weight?

**Smoking Status: Please circle:**

Never Smoked	Current Smoker	Ex-Smoker
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**If yes:**

Cigarettes	Cigars	Roll own	Electronic Cigarette
Per day:	Per day:	Ounces:	

Would you like advice on giving up smoking?    Yes / No

**Alcohol:**

How often do you have a drink that contains alcohol?

Never	Monthly or less	2-4 times a month	2-3 times a week	4 + times a week
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How many alcoholic drinks do you have on a typical day when you are drinking?

1 - 2	3 - 4	5 - 6	7 - 9	10 +
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In the last 6 months, how often have you had more than 6 units on any one occasion if female, or more than 8 units if male?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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**Medical Information:**

Please list any serious illnesses / operations / accidents / disabilities and the year they took place:

**Allergies:**

Please list any allergies that you have:

Do you have a Learning Disability? Yes / No

Do you have any additional communication needs  
i.e deafness, blindness, language barrier Yes / No

Do you have a carer? (if yes, please give details) Yes / No

Are you a carer? (if yes, please give details) Yes / No

Is the person you are for registered at Station Drive Yes / No – If yes please give details of patient below