**Grove Health Centre**

**129 Dundee Road, Broughty Ferry, Dundee DD5 1DU**

**Tel: 01382 778881 Fax: 01382 731884**

[**www.grovehc.co.uk**](http://www.grovehc.co.uk)

**NEW PATIENT QUESTIONNAIRE**

Please ensure the information below is completed fully when registering with the practice:

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| **TITLE - FULL NAME -** **DATE OF BIRTH -** **ADDRESS -** **HOME NUMBER - MOBILE NUMBER -**  |

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| **ARE YOU ARE CURRENT SMOKER? YES / NO****HAVE YOU PREVIOUSLY SMOKED? YES / NO****DO YOU DRINK ALCOHOL? YES / NO****HOW MANY UNITS OF ALCOHOL PER WEEK?**  |

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| **DO YOU HAVE ANY ALLERGIES(PLEASE GIVE DETAILS)? YES / NO** |

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| **DO YOU SUFFER FROM ANY OF THE FOLLOWING?** DIABETES - YES / NO (If YES – TYPE 1 OR TYPE 2)ASTHMA - YES / NOCOPD - YES / NOHIGH BLOOD PRESSURE - YES / NOHISTORY OF STROKE - YES / NOANGINA - YES / NOHISTORY OF HEART ATTACK - YES / NOAF - YES / NOHYPOTHYROIDISM - YES / NO |

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| **PATIENT SIGNATURE: DATE:** |