

No

Yes Please give name/s of person.....

Allergies:

Weight: Visit www.nhs.uk/live-well	Height:
Alcohol: Units/wk	Smoking Status: <input type="checkbox"/> Never <input type="checkbox"/> Ex-Smoker / Date Stopped..... <input type="checkbox"/> Currently Smokes per day
The Doctors in this practice advise that to keep the risk from alcohol low, adults should not regularly drink more than 14 units of alcohol per week. DAN24/7 HELPLINE on 0808 808 2234	The Doctors in this practice <u>Do Not</u> recommend smoking. If you would like assistance to stop smoking or for further information please contact the HELP ME QUIT HELPLINE on 0800 085 2219
Do you look after anyone as an unpaid carer? No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, their name..... Relationship	

Are you on repeat medication? No

Yes Please provide us with a repeat prescription slip from your previous surgery

When we receive your notes from your previous GP we will summarise your medical history. Provide details here if you would like to tell us about your Family History/ Past Medical History/Medication.

Family History	Medical History	Medication