Vale Group Practice – Ravenscourt Surgery
New Patient Health Check – PRIVATE AND CONFIDENTIAL

Date _____

Title **Mr/Mrs/Ms/Dr/Miss**	Surname
First name	Middle name(s)
Date of Birth	
Address Post Code:	Telephone number: Mobile:
Email Address	Place of Birth
Occupation	Type of housing
Ethnic Origin	Do you consent to being contacted by SMS? **YES/NO**

Are you a carer? **YES/NO** If yes who for? _____

Do you smoke?	If yes how many per day?
If you are an ex smoker when did you quit?	
Number of alcohol units in a week (½ lager is 1 unit)	

Do you have any known allergies if yes please give details? **YES /NO**

_____

_____

Previous illnesses, accidents or operations

_____

_____

Are you currently taking any medication **YES/NO** if yes please list below

Have you ever had hayfever, asthma or eczema? **YES/NO** if yes please state which one(s) _____

When was your last

Tetanus	Polio Vaccination
Smear (females only)	Mammogram

Family History

Diabetes **YES/NO**	TB **YES/NO**
High B/P **YES/NO**	Glaucoma **YES/NO**
Heart Disease **YES/NO**	Cancer **YES/NO** if yes please state

What is your

Height	Weight	BP

Signed Date

_____