Grove Health Centre

129 Dundee Road, Broughty Ferry, Dundee DD5 1DU
Tel: 01382 778881 Fax: 01382 731884
www.grovehc.co.uk

NEW PATIENT QUESTIONNAIRE

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

TITLE

FULL NAME

DATE OF BIRTH

ADDRESS

HOME NUMBER **MOBILE NUMBER**

DO YOU SMOKE? YES / NO

DO YOU DRINK ALCOHOL? YES / NO

HOW MANY UNITS OF ALCOHOL PER WEEK? YES / NO

DO YOU HAVE ANY ALLERGIES (PLEASE DETAIL ALLERGIES)? YES / NO

DO YOU SUFFER FROM ANY OF THE FOLLOWING?

DIABETES YES / NO (IF YES – TYPE 1 OR TYPE 2?)
ASTHMA YES / NO
COPD YES / NO
HIGH BLOOD PRESSURE YES / NO
HISTORY OF STROKE YES / NO
ANGINA YES / NO
HISTORY OF HEART ATTACK YES / NO
AF YES / NO
HYPOTHYROIDISM YES / NO

PATIENT SIGNATURE **DATE:**