

HEALTH QUESTIONNAIRE

We would appreciate if you would kindly take a few minutes to complete the following brief questionnaire. Please hand the completed form to the Receptionist with your completed new registration forms. Thank you.

NAME.....

DATE OF BIRTH..... TEL NO.....

ADDRESS

HEIGHT WEIGHT.....

SMOKING STATUS

Cigarette smoking is the single greatest cause of illness and premature death in the UK. Therefore, whether you smoke or not is of great importance to your health and to us.

Please tick as appropriate:

Have you ever smoked? Never

Are you an ex-smoker? YES
If so, please state when you successfully stopped smoking.....

Are you a current smoker? YES
If so, how much do you smoke per day?.....

Please tick if :

1. You currently buy Nicotine Replacement Therapy
2. You plan to contact the NHS Stop Smoking clinic for support & free Nicotine Replacement Therapy
3. You wish to discuss Nicotine Replacement Therapy with your GP
4. You do not wish to receive advice or Nicotine Replacement Therapy

IF YOU CURRENTLY SMOKE AND WOULD LIKE TO STOP SMOKING, PLEASE CALL THE HULL AND EAST RIDING SMOKING CESSATION HELPLINE 08009155959 or TEXT QUIT to 61825 www.readytostopsmoking.co.uk

New Patient Health checks are available for all new patients. If you wish to take up the offer of a health check, please book an appointment with the Health Care Assistant.