Dr K S MacCallum
Dr C F L Thomas
Dr E McKay
Dr C Urwin
Dr J Groome
Dr M E Adam

Academy Street
Forfar
DD8 2HA

Tel: 01307 462316
Fax: 01307 463623

Academy Medical Centre

# PATIENT QUESTIONNAIRE

**NAME: ……**..... DOB/CHI: …….

ADDRESS: ……..... POSTCODE: ……

TELEPHONE NUMBER: ……..…….....

MOBILE NUMBER: …….

OCCUPATION: ……. MARITAL STATUS: ……..…..

EMAIL: ……...

Would you like to be reminded of appointments via our Text Messaging service? **YES** / **NO**
Would you like to be sent details of any clinic appointments by email? **YES** / **NO**

NEXT OF KIN: …… RELATIONSHIP: ……

ADDRESS OF NEXT OF KIN: ……

…….. POSTCODE: …….

TELEPHONE NUMBER: …….. MOBILE NUMBER: ……..

**BEFORE WE CAN REGISTER YOU WE REQUIRE BLOOD PRESSURE READINGS, HEIGHT AND WEIGHT. WE HAVE A PATIENT SELF TEST ROOM. PLEASE ASK AT RECEPTION AT THE TIME OF REGISTERING. PLEASE COMPLETE THE FOLLOWING SECTION FULLY.**

| **BLOOD PRESSURE** | **1st READING** | **2nd READING** |
|---|---|---|
| | | |
| **HEIGHT** | | |
| **WEIGHT** | | |

| **Smoking status** – (if ex-smoker please state when stopped and how many smoked) | **Smoker** (how many) | **Never smoked** | **Ex smoker** |
|---|---|---|---|
| | | | |
| **Alcohol intake** (per Week) | | | |

Current Health

**DO YOU OR ANY CLOSE FAMLY REALTIVE (i.e. mother, father, brother or sister) SUFFER FROM ANY OF THE FOLLOWING?**

| | **SELF** (please state age) | **FAMILY RELATIVE** (please state relation and age, ie mother father brother or sister) |
|---|---|---|
| **HEART ATTACK** | | |
| **ANGINA** | | |
| **HEART SURGERY** | | |
| **DIABETES** | | |
| **STROKE** | | |
| **ASTHMA** | | |
| **THYROID PROBLEMS** | | |
| **EPILEPSY** | | |
| **HIGH BLOOD PRESSURE** | | |
| **BREAST CANCER** | | |
| **DEPRESSION** | | |
| **RHEUMATOID ARTHRITIS** | | |
| **HIGH CHOLESTEROL** | | |
| **OTHER SERIOUS ILLNESS OR OPERATIONS** | | |
| | | |
| **Do you have any allergies?** | | |
| **List present medication and doses** | | |
| **Are you a carer?** | | |
| **Do you exercise?** | | |

**Thank you for taking the time to complete this questionnaire.**

---

**FOR ADMIN USE ONLY**

**If smoker please inform patient of help available** **YES / NO**