

The Green House Surgery

General health questionnaire

We need to ensure that the information we hold about you is accurate. Please take a few minutes to complete this questionnaire.

Name
Address
.....
Date of birth
Contact telephone numbers:
Home: Mobile: Work:

Office use only – use read code UaIFv – Obtaining information

1. Do you smoke?

- Yes What do you smoke? Cigars Pipe Cigarettes
- How many do you smoke per day?
- 5-10 11-15 16-20 20+
- No, I have never smoked Would you like help from us to stop smoking?
- No, I'm an ex-smoker

2. Do you drink alcohol?

- Yes What do you drink?
- Beer Wines Spirits Other
- How much do you drink per week? (Please note that 1 unit of alcohol = 1 small glass of wine/half pint of beer, lager)
- 1-5 6-10 11-16 16+
- Would you like help from us with your alcohol consumption?
- No
- Never
- Occasionally

3. Please record your height ----- and Weight -----

Would you like help from us with your weight?

4. If you are a carer or are cared for by someone else, please complete our carer form, available from reception.

Thank you for you co-operation. Please hand this form in at reception.