

New Patient Questionnaire

Name: _____

Date of Birth: __ / __ / ____

Is there anything in your medical history that you think we should know about? This may be especially relevant if you have medical information recorded at a non-NHS service provider which we would not normally see.

Is there something you need in a hurry upon registering with us?

For example; if you are pregnant, you are nearly out of medication, or there is an urgent medical problem needing attention?

If you have a recent Blood Pressure reading to share, please enter the reading here: