NORTH RIDGE MEDICAL PRACTICE

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# NEW PATIENT QUESTIONNAIRE

Welcome to our practice!

In order to help us provide you with the best medical care, please would you complete this short questionnaire? Your answers will be completely confidential, and will enable us to get to know you. We would also like you to attend for a simple introductory health check as a new patient to the practice. This only involves having your height and weight measured, your blood pressure recorded and a urine sample tested (please bring a sample with you when you attend, in any small clean container). You do not have to have a blood test, or even get undressed, and you may make your appointment with the practice nurse.

Your health check gives us an opportunity to record useful information such as any allergies you may have, or a family history of diabetes or heart disease. This will help us to help you.

You are not obliged to have a health check, although we very much recommend it. We would be grateful if you could sign and date this form and return it with your questionnaire.

**I acknowledge receipt of my invitation to attend for a health check and I will/will not\* be making an appointment.**

**\*(please delete as appropriate)**

Signature: ……………….................... Date: ......………

Name in block letters: ....................…………..…………