

PLEASE PRINT, COMPLETE AND BRING WITH YOU TO YOUR FIRST APPOINTMENT AT DORSET PRIVATE GP.

Date form completed:		Where did you hear about us?
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WHO YOU ARE		
Title	First name(s):	Surname:
Date of birth:	Age:	Telephone:
Address:		
Email address:		
Current NHS GP name and practice:		
If you do not want us to notify your NHS GP of any results and/or medicine changes please tick here [<input type="checkbox"/>]		
Gender:	Ethnicity:	Occupation:

THE STORY OF YOUR HEALTH			
Do you have/have you had any of the following conditions?			
High blood pressure	Y N Date:	Diabetes	Y N Date:
Heart disease: (angina/heart attack)	Y N Date:	COPD (emphysema)	Y N Date:
Epilepsy	Y N Date:	Stroke	Y N Date:
Asthma	Y N Date:	Cancer	Y N Date:
Thyroid problems	Y N Date:	Depression/ anxiety	Y N Date:
Please give details of any other illnesses, accidents, hospital admissions, investigations or operations you have had:			
			Date:
			Date:
			Date:
			Date:

Describe your current health problems:

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MEDICATION

Are you on any regular medication (including the contraceptive pill)?

Y N

If yes give details:

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Do you have any **allergies**? If yes, please give details.

Y N

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HEALTH OF YOUR FAMILY

Please describe any relevant or important illnesses within your close family:

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YOUR NEXT OF KIN

Full name:

Relationship:

Address:

Home tel:

Mobile tel:

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