

# Prestige Medical Group Patient Questionnaire

All information will be treated in the strictest confidence and is for your GP's record only

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>
First Name			Known As	
Surname				
Full Address				
Postcode				
Home Tel no				
Mobile Tel no				
Email Address				

Ethnicity			
British		Bangladeshi/British Banglideshi	
Mixed British		African	
Other White Background		Chinese	
White & Black African		Irish	
Other Mixed Background		White & Asian	
Pakistani/British Pakistani		Indian or British Indian	
Other Asian Background		Other Black Background	
White & Black Caribbean		Other	

What is your first language? \_\_\_\_\_ Do you need an interpreter? \_\_\_\_\_

Do you consider yourself to have a disability? (please specify) \_\_\_\_\_

Would you like to be a member of our patient forum?    YES             NO

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

Smoking Status			
Never Smoked			
Passive Smoker			
Electronic Cigarette			
Ex-Smoker		How many previously smoked?	
Current Smoker		How many smoked? (Cigarettes or oz of tobaccos	
Pipe			
Cigars			
Roll own			
Exercise			
None		Very Light	Light
Moderate		Heavy	Very Heavy
How many units of alcohol do you drink in a week?			

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs