



# Park Medical Practice

In order to provide the best care we require the following information. Please complete in full.

(Circle answers where appropriate) and pass back to the Reception Team

*All information given will be treated confidentially*

**Thank you**

Name:		Date of Birth:
Address:		Daytime Telephone No:
E-mail Address:		
1. Is there anyone in your birth family with a history of Angina? <i>(If yes, please indicate relationship and at what aged they were diagnosed):</i>	Yes/No	
	Relation: Age:	
2. Is there anyone in your birth family with a history of Heart Attacks? <i>(If yes, please indicate relationship and at what aged they were diagnosed):</i>	Yes/No	
	Relation: Age:	
3. Is there anyone in your birth family with a history of diabetes? <i>(If yes, please indicate relationship and at what aged they were diagnosed):</i>	Yes/No	
	Relation: Age:	
4. Is there anyone in your birth family with a history of a stroke or Mini Stroke? <i>(If yes, please indicate relationship and at what aged they were diagnosed):</i>	Yes/No	
	Relation: Age:	
5. Is there anyone in your birth family with a history of Cancer? <i>(If yes, please indicate the type, Relationship, and at what aged they were diagnosed):</i>	Yes/No	
	Type:	
	Relation: Age:	
6. If you are a female, did you go through the menopause before you were 45?	Yes/No	
7. How tall are you?	Ft/cm	
8. What is your current weight?	St/Kg	
9. Are you currently a smoker? If yes, please indicate how many cigarettes per day – <b>Please see attached leaflet</b>	Yes/No	
	/day	
9a. If you have previously smoked, what date did you give up?	Date:	
10. Would you like assistance to quit smoking?	Yes/No	
11. Please state your first language (i.e. English):		
12. What is your ethnic background? <i>(Please see overleaf for the categories)</i>		

12.White	British
	Irish
	Mixed British
	Any other White background
Mixed	White & Black Caribbean
	White & Black African
	White & Asian
	Any other Mixed background
Asian or Asian British	Indian
	Pakistani
	Bangladeshi
	Any other Asian background
Black or Black British	Caribbean
	African
	Any other Black background
Other Ethnic Groups	Chinese
	Any other ethnic group