Kings Heath and
Lings Brook Practices

New patient questionnaire

Our doctors would like to invite you to fill in this questionnaire. Some of this information will go onto our clinical computer systems. This information will be treated with upmost confidentiality.

Personal details:	
Name:	
Address:	
Postcode:	
Date of Birth:	
Telephone Number:	
Mobile Number:	
Email Address:	

Medical Details:	
Height:	
Weight:	

Past medical history:	
Please details any significant past medical history that you feel we should be informed of:	

Medication:	
Please list any prescribed medication you are currently taking.	(Please attach a copy of your repeat prescription list if possible).

Over the counter Medication:	
Please list any purchased medication you are currently taking on a regular basis.	

Allergies: (including drugs)	
Please list any allergies that you have.	

Female patients:	
Have you had a hysterectomy?	Date:
When was your last cervical smear test?	
Do you know the result?	
When was your last mammogram (only applicable if you're aged over 50yrs)?	
Do you know the result?	

Virgin Care

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