

# PATIENT QUESTIONNAIRE: please complete this and give it to Dr Levi

First name ..... Surname ..... (Maiden name .....)

Date of birth ...../...../.....

Telephone number Home: ..... Work: ..... Mobile: .....

Occupation ..... Email address .....

Address ..... Post code: .....

Name of your GP ..... (I will communicate with your GP unless you say otherwise)

Name of your next of kin .....

Relationship to you .....

Next of kin's telephone number .....

Next of kin's address .....

Health insurance company (if known): BUPA / PPP / WPA / NU / etc .....

<p><b>Tick if uninsured</b></p> <input type="checkbox"/>
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**Please list here any symptoms you may be experiencing, and when they started:**

- Do you smoke? YES / NO I smoke ..... cigarettes per day
- Do you drink alcohol? YES / NO I drink ..... units of alcohol per week\*
- Are you pregnant or trying to conceive? YES / NO (If yes, please remember to tell us)

**Do you have, or have you ever had, any of the following?**

- |  |          |
|--|----------|
| Any abdominal surgery (this includes appendix, gallbladder, uterus, etc) | YES / NO |
| Liver problems or hepatitis  | YES / NO |
| Diabetes mellitus  | YES / NO |
| Bleeding problems, or warfarin treatment                                 | YES / NO |
| High blood pressure  | YES / NO |
| Heart problems, heart murmurs, rheumatic fever?                          | YES / NO |
| Lung problems, eg asthma or bronchitis                                   | YES / NO |
| Fits or epilepsy   | YES / NO |
| Stroke   | YES / NO |

**If you have answered 'YES' to any of these questions, please give details:**

**List all medicines you are taking, and the doses please (including aspirin and non-prescription drugs):**

- |         |         |
|---------|---------|
| 1 ..... | 5 ..... |
| 2 ..... | 6 ..... |
| 3 ..... | 7 ..... |
| 4 ..... | 8 ..... |

**Are you allergic to any drugs, such as penicillin, or to rubber or Latex ? YES / NO**

**If YES, please give details here:**

**Are there any other medical problems you feel we should know about?**

Please record your current weight ..... kg, date ....., and your height .....

\* One unit of alcohol is contained in a small glass of wine, a pub measure of spirits, or a half pint of beer