



# WEST KENTISH

## GENERAL PRACTICE

### New Patient background information

**Name:**

**DOB:**

**Past occupations**

**Smoking:**

Non smoker

Smoker

Age started:

Age stopped:

Cigs/day:

Current smoker

**Alcohol:**

Nil

Occasional

Frequent/daily

Previous heavy intake

Yes/No

**Illnesses in family**

Parents: illnesses, age at death, cause of death

Brothers/sisters: Illnesses, age at death, cause of death

Other family members illnesses, if relevant:

PLEASE TURN OVER

Are you seeing any specialists in clinics, or waiting for any reviews, investigations or procedures?

This includes things like ophthalmology (eyes) , medical clinics, memory clinics, surgical waiting lists, colonoscopy, diabetes clinics, heart, lung or kidney specialists and any others.

Please list below.

Please email the completed form to [admin@westkentishgp.com](mailto:admin@westkentishgp.com)