



# 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)