

Cambridge Private Doctors

Confidential Health Questionnaire

Title Mr Mrs Ms Dr Other

Surname.....

First Name.....

Address.....

.....

Post Code.....

Date of Birth..... Married / Single / Divorced

Name of your own (NHS) GP.....

GP's address.....

.....

.....

Please note we will only contact your GP if you ask us to, there may be circumstances in which we would strongly advise your GP has some record of your visit to CPD.

Please tell us about yourself. It is very helpful to have some details of your previous medical history:

Previous and current important medical problems or operations (include dates)

1.....

2.....

3.....

4.....

5.....

6.....

List current medications you take (include dose if known or bring medications to your appointment

1.....

2.....

3.....

4.....

5.....

Do you have any allergies?.....

.....

Is there any relevant family history of illness eg heart disease, strokes, diabetes, cancer etc.....?

.....

What and how much do you smoke?.....

.....

If you drink alcohol how much do you consume per week (in units or by description)?.....

.....

What exercise do you take?.....

.....

Signature Date/...../.....