



Has anyone in your family (ie) Parent, Grandparent, Brother, Sister (not husband or wife) had any of the following? Please circle yes or no.

- |                 |     |    |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A stroke     | Yes | No |
| 3. Diabetes     | Yes | No |
| 4. Asthma       | Yes | No |
| 5. Cancer       | Yes | No |

Have you ever had any of the following? Please circle yes or no

- |                 |     |    |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A Stroke     | Yes | No |
| 3. Diabetes     | Yes | No |
| 4. Asthma       | Yes | No |
| 5. Cancer       | Yes | No |

Do you have any allergies? Yes No

If yes please state what you are allergic to.....

Do you have a carer? Yes No

If yes please provide more details.....

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Do you act as a carer for anyone else? Yes No

If yes please provide more details.....

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Have you ever been admitted to hospital? Yes No

If yes please give more details.....

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Emergency Contact Information

Please can you provide contact information of someone we can contact in an emergency.

Name.....Relationship.....

Tel.....2nd Tel.....

Address.....

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If you have any questions or need any help please call the surgery on  
0161 220 6080