

# ARDEN MEDICAL CENTRE

Name.....

Date of Birth.....

Date form completed .....

In order to save time during the consultation please could we ask you to answer the following questions while you are waiting for your appointment. There is a set of scales outside the Nurses Room at the end of the corridor if you need to use them!

Please could you tell us your weight ..... Kg

and height .....

Is there any family history of diabetes Yes/No

If so, who and what age did it develop .....

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Do you smoke Yes/No

If Yes, how many cigarettes do you smoke per day .....

If No, have you ever smoked Yes/No

If Yes, when approximately did you stop.....

How many units of alcohol do you drink a week.. .....

(1 unit=1/2pt standard beer or lager, a single measure of spirits or a standard glass of wine or sherry)

**Please return this form to the surgery**