**The Harvey Practice**

Confidential Questionnaire for new patients.

All information will be treated in the strictest confidence.

If you wish to have any information in other formats, e.g. braille, larger print, different language etc. please ask for an ‘accessible information form’ when registering and we will endeavour to meet your request.

BLOOD PRESSURE: ………………………/………………………mmHg

**Lifestyle**

Name: ……………………………………………………………………………………………… Date of Birth: …………………………………………………...

Have any of your close relatives (parents, brothers, sisters) suffered from any significant medical problems?

If YES, please detail problem, age of onset and relationship to you:

**Family Medical History**

Are you interested in becoming a volunteer Practice Champion? YES / NO

The Harvey Practice are continually seeking patients to become ‘Practice Champions’. The group will include volunteer patients from both Broadstone and Merley, as well as Practice staff representation from the Dorset ICB (Integrated Care Board). The aim of the group is to represent the views and interests of patients and the local community to the Practice and ICB. (Please visit our website or contact us to find out more.)

**Patient Participation Group**