

Ridgmount Practice

Patient Contact and Information Update Form

We are obliged to update all of the information below on a regular basis so we would be grateful if you could complete the whole form and hand back to reception once complete.

Today's Date _____

Surname _____ Forename _____ D.O.B _____

DD / MM / YY

New Address

Flat/Room Number & House Name _____

Number & Street _____

Postcode _____

Telephone Number _____ Email Address _____

Next of Kin Details

Can Discuss Records

Yes

No

Name _____ Relationship _____ Telephone Number _____

Please tick your status

UCL Undergraduate RADA Student Hospital Staff

UCL Postgraduate Affiliate Student Local Resident

Students please give month and year your course will end _____

Lifestyle

Smoking Status: **a)** Never Smoked **b)** Ex-Smoker _____ per day. Age you started smoking _____

c) Cigarette Smoker _____ per day **c1)** Age you started smoking _____ **d)** Other Please state _____

Height _____ Weight _____

How many units of Alcohol do you drink in one week on average? _____ Units

1 Unit = ½ Pint of beer / 1 medium glass of wine / 1 Spirit measure .g. vodka/rum/gin

Actioned by receptionist (Sign) _____

Date _____