

Name ..... Date of Birth..... Today's Date.....

**NEXT OF KIN**

Name..... Relationship to you.....

Their contact number .....

**BMI**

Height..... Weight.....

**ALCOHOL**

Are you teetotal? (never drink alcohol) .....

If you drink alcohol, how many units per week? .....

*One unit of alcohol is equal to:  
1/2 pint of lager or beer OR 1 small pub measure of wine OR 1 measure of spirits*

**SMOKING**

If you have NEVER smoked tobacco, please tick here ( )

*Or* – If you do currently smoke, how many per day? .....

*Or* – If you are an ex-smoker, how many *did* you smoke per day? ..... When did you stop? .....

**Smoking is bad for your health.  
If you would like details of available assistance with stopping, please ask the receptionist.**