THE COLERIDGE MEDICAL CENTRE

CANAAN WAY • OTTERY ST MARY • DEVON EX11 1EQ

Telephone: 01404 814447 • Fax: 01404 816716 • e-mail: coleridgemedicalcentre@nhs.net

PATIENT QUESTIONNAIRE

Date of Birth Sumame Marital Status	THIS INFORMATION WILL BE TREATED AS PRIVATE & CONFIDENTIAL										
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Mother																
Sisters/broth	hers															
Children																
If there have been deaths in the family from other causes please state below giving age and cause of death if known:-																
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Do you have any family or social problems?																
Do you care	for som	ebody w	/ho	,	YES	/NO	IF`	YES		Nan	ne:					
could not ma				elp?					=	Add	dress:					
Are they as child under 18?																
An adult with physical disability or illness?																
An adult with dementia or other mental health illness																
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ACCESSIBLE INFORMATION Do you have any communication needs to enable you to access our information? YES/NO																
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Would you I	ike to us	e our SI	ИS m	essag	ng s	service	es*						,	Y	ES/NO	
* Further details and application forms are available from reception/in your registration pack,																

please ask.