

# STRAND MEDICAL GROUP

We are updating our records and would appreciate if you would provide the following information.

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Surname: ..... First name: ..... Date of birth: .....

Home phone no: ..... Mobile phone no: .....

Email address: .....

We will assume consent to send SMS messages and leave messages on voicemail unless advised.

I give permission for the surgery to leave messages on my home phone YES:  NO:

I give permission for the surgery to send messages to my email address YES:  NO:

Please note that consent to the above will be assumed if no options are marked.

## LIFE STYLE QUESTIONS

Height: ..... Weight: .....

Waist circumference: .....

Do you smoke? YES:  NO:  Never smoked:  Passive:  Smoked in the past:

Please tick ✓ Cigarettes  Tobacco  Pipe  Cigars

How much per day / week: .....