**Accreditation Questions**

**Do you drink alcohol?**

* Never (Non-drinker)
* Less than monthly
* 2-4 times a month
* 1-2 days a week
* 4-6 more days a week
* Everyday

How many standard drinks on average per day?\_\_\_\_\_\_\_\_\_\_

How often do you have 6 or more drinks on one occasion? \_\_\_\_\_\_\_\_\_\_\_

**Do you ever drink 6 or more drinks in one sitting?**

* Yes
* No

**If yes, how often?**

* Less than monthly
* Monthly
* Weekly
* Daily

**Do you smoke?**

* Yes, I’m a smoker

       How many cigarettes do you smoke per day? \_\_\_\_

* No, but I’m an ex-Smoker

What year did you quit? \_\_\_\_\_\_

* No, I’ve never Smoked

**Do you have any major illnesses? If so please list.**

For example: heart disease, cancer, diabetes?

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**Do you take any medications? If so please list the name and dose.**

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**Are you allergic to any medications?**

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**What is your height in centimetres? \_\_\_\_\_\_\_**

**How much do you weigh in kilograms? \_\_\_\_\_\_\_**

**Do any of your immediate family members have a significant medical history?**For example: heart disease, cancer, diabetes?

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 **Who do you live with?**

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**How did you hear about us?**

* TV
* Radio
* Friend/Relative
* Doctor
* Other medical professional eg. Physiotherapist, chiropractor etc.
* Newspaper
* Magazine
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you ticked Doctor or other medical professional, please provide details on the New Patient Form.

**Are you happy for us to send a letter to the medical professional who referred you to us?**

* Yes
* No