 **UPDATE MEDICAL RECORDS**

Clinical guidelines state patients have to have an up-to-date height, weight and smoking status on their records to be referred for further care. Please could you help us by providing additional information below:-

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| --- | --- | --- | --- |
| NAME: |  | | |
| DATE OF BIRTH: | |  | |
| HOME TELEPHONE NUMBER: | |  | |
| MOBILE TELEPHONE NUMBER: | |  | |
| EMAIL ADDRESS: |  | | |
| HEIGHT: |  | WEIGHT: |  |
| RECENT BLOOD PRESSURE READING: | \_\_\_\_\_ / \_\_\_\_\_ | DATE OF BP READING: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_ |
| DO YOU SMOKE? | CURRENT SMOKER / EX SMOKER / NEVER SMOKED \* | | |
| ARE YOU AN UNPAID CARER / IN RECEIPT OF CARERS ALLOWANCE? | | YES / NO\* | |

**Thank you for your time and co-operation.** \**delete as appropriate*