

## TUDOR GATE SURGERY

Patient Name:

Address:

Date of Birth:

I do not wish to participate in the following health check(s) during the current year (tick as necessary):

Asthma review:

Cardiac (heart) review:

COPD review:

Diabetes review:

Hypertension review:

Arthritis review:

Thyroid review:

Epilepsy review:

OTHER (please state):

Signature:

Date: