PATIENT HEALTH HISTORY
(ADULT)

Welcome/Haere mai
Thank you for Registering with Welcome Bay Medical Centre

NAME:	
DATE OF BIRTH:	
ADDRESS:	

If you need help filling out this form, please ask our nurse for an appointment.
If you prefer to go through the form with the Doctor then please book a double-appointment slot specifically for this purpose.

1. MEDICAL CONDITIONS/HISTORY

(FOR EXAMPLE: Asthma, Lung conditions, Diabetes, Epilepsy/seizure, Blood Pressure, Cholesterol, Angina, Heart Attack, Heart-Valve disease, Stroke, Stomach ulcers/indigestion, Bowel disease, Kidney/bladder problems, Menstrual/Women's problems, Prostate disease, Breast disease, Skin disease, Eye and Ear conditions, Depression and other Mental Illness, and any type of Cancer.)

Medical Condition	Year of diagnosis	Any other details (ie Specialist name, tests and treatment etc)
	Tick here if you have NO MEDICAL CONDITIONS	

Continue on back of page if necessary.

2. PREVIOUS SURGERY/OPERATIONS

(FOR EXAMPLE: Tonsils, Appendix, Gallbladder, Hysterectomy(womb), Tubal ligation(tubes tied), Vasectomy, Bowel surgery, Hip/knee replacements, Orthopaedic/joint surgery, surgery for Cancer etc.)

Type of Surgery/Operation	Year	Any other details
	Tick here if you have had NO SURGICAL OPERATIONS	

Continue on back of page if necessary.

3. SPECIAL TESTS / INVESTIGATIONS

Please list any special tests not already mentioned above.

(FOR EXAMPLE: Ultrasound(other than routine pregnancy), Barium enema/meal, colonoscopy (telescope study of bowel), gastroscopy (telescope study of stomach), CAT-scan or MRI scans).

Type of Test	Year	Any other details/result.
	Tick here if you have had NO SPECIAL TESTS/INVESTIGATIONS.	

Continue on back of page if necessary.

4. CURRENT MEDICATIONS

Please list any medications that you are taking on a REGULAR basis.
Women should include contraceptive pills.

Name of Medication	Tablet size (ie 100 mg)	Dose and how often taken (ie 2 tablets, twice daily)
	Tick here if you have NO REGULAR MEDICINES	

Continue on back of page if necessary.

5. ALLERGY

Medication	Description of Reaction (ie rash/vomit/stomach pain/anaphylaxis)
	Tick here if you have NO KNOWN ALLERGY

6. FAMILY HISTORY

List any serious disease in close blood relatives.

Conditions that occur before age 65 are usually more important. (Tick boxes).

Relation/family member	Heart Attack	Stroke	Diabetes	High cholesterol	Blood pressure	Cancer	Any other Disease/Condition (describe below)
	Tick here if you have NO RELEVANT FAMILY HISTORY						

Continue on back of page if necessary.

7. SMOKING:

√	**SMOKING STATUS:**		
	Never Smoked		
	Ex-smoker →	Year of Quitting:	Total yrs of smoking:
	Current Smoker →	Cigs per day:	Total yrs of smoking:
If you would like help/advice to stop smoking speak to the doctor/nurse, or ring Quitline: 0800 800 177			

8. HOME LIFE: Who else lives in your household?

(ie partner/hubbie/boyfriend/number of children etc)

_____

9. OCCUPATION/EMPLOYMENT:

_____

10. WEIGHT:

Height (if known)		
Weight (if known)		
Would you like to lose Weight?	YES / NO	

11. EXERCISE

Health recommendations suggest a minimum of :

30mins exercise (enough to make you puff/sweat) at least 3 times/week.

This helps control weight and keeps our hearts healthy, as well as having positive effects on mood & self-esteem.

√	**My Current level of activity/exercise:**	
	Very little exercise - I would not meet the guideline above.	
	Some exercise - I would meet the guideline above.	
	Lots of exercise - I exercise far more than the guideline and consider myself quite fit.	
Would you like to increase your exercise?		YES / NO
Your Doctor can advise you about increasing exercise, and we have lots of community agencies/groups that could help you get active (many of these are free): book in to discuss it if you wish.		

12. ALCOHOL

Many people are not aware of the guidelines for safe and healthy alcohol intake:

ONE UNIT OF ALCOHOL = a very small glass of wine(100ml, 7.5 glasses in a bottle)
or: a very small beer (2/3 of a can/stubbie)
or: a single nip of spirits.

WOMEN: Recommended to drink a **MAXIMUM of 14 units of alcohol per week**, with no more than 4 units on any one day, and 1-2 alcohol-free days/week.

MEN: Recommended to drink a **MAXIMUM of 21 units of alcohol per week**, with no more than 6 units on any one day, and 1-2 alcohol-free days/week.

Total units of alcohol consumed per week:	*(leave blank if you prefer)*
	(√) I am drinking **LESS** than the recommended guideline above
	(√) I am drinking **MORE** than the recommended guideline above
	(√) I would like to cut down on my drinking
Excess alcohol causes liver damage, damages blood vessels leading to heart-attacks/stroke, and also often has social consequences too.	
Your Doctor can give you help and support to reduce your drinking: book in to discuss it if you wish.	

13. WOMEN'S HEALTH

Date of last Cervical Smear?	
Any abnormal smears in past?	**YES / NO**
If you are not having regular smears then give the reason:	
Note: cervical smears are usually taken every 2-3 yrs in any woman who has been sexually active, or is over the age of 20. Women who have had a hysterectomy should check with their doctor.	
Date of last mammogram? (for women aged 45+)	
Note: mammograms are recommended and free in all women aged 45-69 and are usually taken every 2 years. If you have a family history of Breast Cancer you should discuss this with the Doctor.	
Are you Postmenopausual?(periods stopped)	**YES / NO**
Note: Postmenopausal women should consider taking calcium supplements and should have their blood pressure and cholesterol checked regularly.	

14. MEN'S HEALTH

Are you over the age of 40?	**YES / NO**
Are you overweight, a smoker, or drink more than you should?	**YES / NO**
Do you have a family history of heart problems or diabetes?	**YES / NO**
Has it been longer than 3 years since you had a health check-up?	**YES / NO**
Note: If you answered YES to any of the above, then you need to see the doctor every 2-3 years to have a "warrant-of-fitness" and to avoid serious problems later: book in now.	

Thank you

for taking the time to fill in this form, which we consider to be a valuable resource, and will be kept strictly confidential.

1If you wish to discuss any issues which have come to your attention whilst filling in this form,

then please speak to the nurse, or book in to discuss it with your doctor.