The Doctors Birkenhead
Address: 121 Birkenhead Ave, Birkenhead, Auckland, 0626
Phone: 09 419 2180 Fax: 09 419 2182
Email: birkenheadoffice@greencrosshealth.co.nz

New patient Questionnaire

Patient Name:____

Date of Birth:____

Do you or any close relative (parents/siblings) have any of the following (please tick):

	you	*relative eg: parent, sibling etc (please state)*
Diabetes	( )	( )
Asthma	( )	( )
Heart Trouble	( )	( )
Raised Blood Pressure	( )	( )
Stroke	( )	( )
Cancer of any sort	( )	( )
Past Operations	( )	( )

Please list details of past Operations including age at the time:

____

____

Any significant illnesses/hospital admissions (excluding operations):

____

____

Please list all current medications:

____

____

Are you allergic to any medications: Yes/No **If yes, please list**

____

____

Do you drink Alcohol Yes/No **How much per week:** _____________________________

Are you a Smoker Yes/No **If Yes, how many per day**___________________________

If No, have you ever smoked? Yes/No **How long ago?**_____________________________

<u>Vaccination History</u>

When was your last Tetanus Booster?

____

Would you like an annual Flu Vaccine?: Yes/No

For children – Are all scheduled vaccines up to date? Yes/No

<u>Women – Please answer the following</u>

When was your last cervical smear? ____

Have you ever had any abnormal smears? ____

Last Mammogram? ____

Are you enrolled with Breastscreen Aotearoa (free mammograms if aged between 45-69 years) Yes/No

Contraception (if relevant)

____

Number of pregnancies ____

Number of children ____

<u>Men – Please answer the following</u>

Have you ever been tested for Prostate Cancer? Yes/No

Have all members of your family under our care completed this form? Yes/No

How did you hear about our Medical Centre?

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