



New Patient Health Questionnaire

Patient Name: _____

Date of Birth: _____

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

	<i>You</i>	<i>Relative eg: parent, sibling etc (please state)</i>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Raised Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Cancer of any sort	<input type="checkbox"/>	<input type="checkbox"/>
Past Operations	<input type="checkbox"/>	<input type="checkbox"/>

Please list details of any past operations including your approximate 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 below)*

Do you drink Alcohol? Yes No

If yes, how much per week? 0-3 Units 4-8 Units 9-15 Units More than 15 units

Are you a Smoker? Yes No

If Yes, how many per day? 1-5 6-10 11-15 More than 15

If No, have you ever smoked? Yes No

If yes, how long ago? Last 6 Months Last 12 Months 1-5 Years More than 5 Years

Vaccination History

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

Women – Please answer the following questions:

When was your last cervical smear? _____

Have you ever had any abnormal smears? Yes No

Last Mammogram? _____

Are you enrolled with Breastsreen Aotearoa? Yes No
(Free mammograms if aged between 45-69 years)

Are you using any form of contraception? Yes No *(If yes, please state below)*

Number of pregnancies? _____

Number of children? _____

Men – Please answer the following question:

Have you ever been tested for Prostate Cancer? Yes No

Other Questions:

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

How did you hear about our Medical Centre?

Web Search Word of Mouth Flyer/Ad Radio Another Health Provider