## New Patient Medical Questionnaire _____Date _____

The questions in this questionnaire all relate to **your** health and any health screening, which may be recommended for you.
The information is for your medical record and benefit only.
To be completed along with New Patient Registration Form

**Medication**
Are you taking **any regular medication** or do you take prednisone every day? Yes / No

**Past Medical Problems:** Have you ever had the following?

| | Yes | No | Don't know | | Yes | No | Don't know |
|---|---|---|---|---|---|---|---|
| High blood sugar | | | | High Blood Pressure | | | |
| Angina or heart attack | | | | Narrow or blocked leg arteries | | | |
| Asthma or lung disease | | | | Stroke or Transient ischaemic attack | | | |
| High cholesterol | | | | Heart murmur | | | |
| Rheumatic fever | | | | Cancer | | | |
| Depression | | | | Hepatitis | | | |
| Cataract | | | | Operations | | | |
| **Allergies** | | | | Admissions to hospital | | | |

**Please give details of these or other medical problems**

| |
|---|
| |
| |
| |

**Immunisations:** Have you been immunised against

| | Approx date | No | Don't know | | Approx date | No | Don't know |
|---|---|---|---|---|---|---|---|
| Diphtheria | | | | Measles | | | |
| Tetanus | | | | Mumps | | | |
| Whooping cough | | | | Rubella | | | |
| Polio | | | | Hepatitis B | | | |
| Hepatitis A | | | | | | | |

**SMOKING:**
**Are you a: smoker ex smoker never smoked**

**ALCOHOL:**
**Please indicate how much alcohol you drink on average _____ drinks per week / day**

**Your family**
Has anyone in your family (mother, father, brother, sister, or children) EVER had

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Hepatitis | | | Diabetes | | |
| Heart trouble | | | Cancer | | |
| Blood pressure | | | Glaucoma | | |
| Asthma | | | Other serious illness | | |

Please give details

| |
|---|
| |
| |
| |

**Women only**
Have you ever had an abnormal smear test? Yes / No
When was your last smear test? _____
Have you had any children? Yes / No
Have you ever had a baby more than 4kg / 9lb? Yes / No
Have you ever had a mammogram? Yes / No