

New patient questionnaire

If you prefer not to answer any question – please leave blank

If you can't remember the exact date – give an estimate

Date

Personal details

Full name		Preferred first name	
Address			
Phone – home		Phone – work	
		Phone - cell	
Date of birth		Place of birth	
		Ethnicity	
Marital status	Single		Married
	De facto spouse		
		Separated	
		Divorced	
		Widowed	
Occupation			Do you have a Disability Allowance?
Do you have a War Pension?		If so, what does it cover?	
Next of kin (contact details if not spouse)			

Medical history

Have you had any operations? (include tonsils, appendix, male or female sterilisation)	Year	
Have you been in hospital for any other illness? Or been treated at home for any serious illness?	Year	
Have you ever seen a specialist about any other problem?	Year	
Apart from in connection with any illness referred to above, have you ever had any special tests? (e.g. barium meal, gastroscopy, cardiograph)	Year	
Do you have any long-term illness or disability? (e.g. raised blood pressure, skin complaint, diabetes, asthma, nervous troubles)	Year started	

Medication

Please list any current medication	
Do you take any regular over-the-counter medication?	
Are you allergic to any drugs?	
Do you have regular flu immunisation?	

Family history

Have any of your relatives (by blood) suffered any of the following?	
Heart troubles under the age of 65	
Diabetes	Prostate cancer
Stroke	Glaucoma
Asthma	Thyroid trouble
Bowel cancer	Gall bladder trouble
Breast cancer	Any other inherited disease?

Lifestyle

Do you smoke now?	Yes / No	Number per day
Have you ever smoked?	Yes / No	Gave up in
How much alcohol do you drink? per day per week
How often do you engage in regular exercise? (e.g. active gardening, brisk walking, golf, aerobics, dancing – for at least 30 minutes)	 times per week

Women

Number of children	Year born
Other pregnancies	
Form of contraception (if relevant)	
Last cervical smear	month year
Last mammogram	month year

Medical records

Will you please ask your last doctor to forward your medical records to us?	
Have all adult members of your family under our care completed this form?	
Would you please bring in Plunket Books for all children aged 11 or under.	