

## MEDICAL QUESTIONNAIRE

43 MOORE St, HOWICK, AUCKLAND 2014, Ph: 09 535 8797, Fax: 09 535 5665

**PLEASE COMPLETE THIS WHERE POSSIBLE FOR EACH MEMBER  
OF THE FAMILY AND HAND IT TO THE DOCTOR**

Name:  Date of birth:

Date:

Present Medications:

Do you smoke?  Yes  No  Ex smoker  Never

If yes, how many cigarettes per day ?

Alcohol?  Yes  No

If yes, approximately how many drinks per week?

Allergies:

Drugs:

Others:

### CHILDREN

Have they been immunised?

6 weeks  3 months  5 months  4 years  11 years  15 years

PLEASE SUPPLY A COPY OF ALL IMMUNISATION HISTORY

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### ADULTS

#### ALL:

When was your last tetanus injection?

Date:

Do you have any of the following? (Please tick if applicable )

- |   |   |
|---|---|
| <input type="checkbox"/> Insulin dependant diabetes       | <input type="checkbox"/> Asthma                         |
| <input type="checkbox"/> Hypertension                     | <input type="checkbox"/> Non insulin dependant diabetes |
| <input type="checkbox"/> Chronic obstructive lung disease | <input type="checkbox"/> Ischaemic Heart Disease        |
| <input type="checkbox"/> Hepatitis                        | <input type="checkbox"/> Depression                     |
| <input type="checkbox"/> Angina                           | <input type="checkbox"/> Urinary/Renal problems         |
| <input type="checkbox"/> Gynaecological problems          | <input type="checkbox"/> Congestive Heart Failure       |
| <input type="checkbox"/> Thyroid disease                  | <input type="checkbox"/> Breast disease                 |
| <input type="checkbox"/> Rheumatic Fever                  | <input type="checkbox"/> Other: (Please specify)        |

Family History – has anyone in your family had health problems?

- Mother                       Father                       Other family

Have you had any operations? Please state.

#### WOMEN:

When was your last cervical smear?                      Date:

Result:     Normal                       Abnormal

When was your last Mammography?                      Date:

Result:     Normal                       Abnormal

Office use only: