NORTHPOINT MEDICAL & SKIN CENTRE | WE CARE WE LISTEN

New Patient Medical Questionnaire

Please complete one form for each member of your family and hand back to reception

Name:_____ **DOB:** / /

One form per person (each family member to complete an individual form

DO YOU HAVE ANY, OR HAVE HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS?
OR IS THERE A FAMILY HISTORY OF THE FOLLOWING:

	Self	Family		Self	Family
Diabetes	☐ Yes	☐ Yes	Blood clot	☐ Yes	☐ Yes
High blood pressure	☐ Yes	☐ Yes	Stroke	☐ Yes	☐ Yes
Heart disease or problems	☐ Yes	☐ Yes	High cholesterol	☐ Yes	☐ Yes
Heart Attack <60yr	☐ Yes	☐ Yes	Migraine	☐ Yes	☐ Yes
>60yr	☐ Yes	☐ Yes	Epilepsy	☐ Yes	☐ Yes
Asthma	☐ Yes	☐ Yes	Breast cancer	☐ Yes	☐ Yes
Other lung or respiratory disease or problems	☐ Yes	☐ Yes	Other cancer	☐ Yes	☐ Yes
Kidney disease or problems	☐ Yes	☐ Yes	Glaucoma	☐ Yes	☐ Yes
Liver disease or Hepatitis	☐ Yes	☐ Yes	Rheumatic Fever	☐ Yes	☐ Yes
Bowel disease or problems	☐ Yes	☐ Yes	Tuberculosis (TB)	☐ Yes	☐ Yes
Joint disease or problems, arthritis	☐ Yes	☐ Yes	Eczema	☐ Yes	☐ Yes
Depression and/or anxiety	☐ Yes	☐ Yes	Hay Fever	☐ Yes	☐ Yes
Other mental health illnesses	☐ Yes	☐ Yes			

2. DO YOU HAVE ANY OTHER HEALTH, DISABILITY PROBLEMS OR INHERITED CONDITIONS? – *PLEASE LIST*

3. PLEASE LIST ANY REGULAR MEDICATIONS THAT YOU TAKE

HAVE YOU HAD ANY OPERATIONS?	☐ Yes	☐ No	*If **yes**, please list*

ARE YOU ALLERGIC TO ANY MEDICATIONS?	☐ Yes	☐ No	*If **yes**, please list*

DO YOU SMOKE?	☐ Yes	☐ No	*If **yes**, how many / day:*	
Have you ever smoked	☐ Yes	☐ No	*If **yes**, how much:*	*when did you give up?*
If Yes - would you like help to **quit smoking**	☐ Yes	☐ No		

DO YOU DRINK ALCOHOL?	☐ Yes	☐ No	*If **yes**, how much / week:*

DO YOU HAVE ANY SUBSTANCE ABUSE PROBLEMS?	☐ Yes	☐ No	*List substance:*

Women: (*those over 20 years & sexually active)*

When was your most recent cervical smear?	Have you ever had an abnormal smear?		
Have you had a mammogram	☐ Yes	☐ No	*If yes, when?*

When was your last **Tetanus booster**?			

Are your **childhood immunizations** up to date?	☐ Yes	☐ No	☐ Don't know

Signed:_____ Date:_____