

NEW PATIENT HEALTH CHECK

PERSONAL DETAILS

Today's Date _____

Surname _____

Date of Birth _____

First names _____

Ethnic Group _____

Address _____

Marital Status _____

Occupation _____

Tel No (home) _____

Next of Kin and _____

Tel No (work) _____

Tel No _____

MEDICAL HISTORY Have you ever been in hospital for anything at all? (ie.investigation/operation)
 If yes, please state when and for what.

Have you had any medical illnesses? If yes, please give details:

Do you suffer / have you suffered in the past from any of the following? (please tick)

Asthma () Diabetes () Epilepsy ()
 High blood pressure () Cancer ()

FAMILY HISTORY

Does anyone in your family suffer from / had in the past any of the following?

Family Member	Heart Attack	High Blood Pressure	Stroke	Cancer	Asthma	Diabetes
.....						
.....						
.....						

MEDICINES Please list any medicines, tablets or contraceptive pills you use regularly.

Medicine	Dose per day

For Office Use Only:	BP:	Urine:
<u>Women only:</u>	Contraception:	Pregnancies:

Please Turn Over

ALLERGIES Are you allergic to any medicine or any other substances? If yes, please give details

VACCINATIONS

What date did you last have the following? Tetanus _____ Polio _____

LIFESTYLE

Do you smoke? yes / no If yes, how many? _____

Have you ever smoked? yes / no How many? _____ When did you stop? _____

Do you drink alcohol? yes / no If yes, how many drinks on average, do you consume each week? _____

Is your diet balanced and healthy? _____

How tall are you? _____ How much do you weigh? _____

How often do you exercise for 20 minutes or more at a time? (including brisk walking) _____

What type of exercise is it? _____

Do you have any children? yes / no If yes, what are their names and ages?

For Women Only

It is very important that you complete this section so that we have an accurate cytology record for you immediately.

Date of last cervical smear test

Where was the test taken? please circle GP / Family Planning Clinic / hospital / private / abroad

What was the result?

Normal, routine recall - 3 years Abnormal
Are you currently having treatment? Yes / No

Normal, early recall - 1 year Borderline Changes, recall - 6 months

Normal, early recall - 6 months Inadequate, recall - 3 months

I DO NOT REQUIRE CERVICAL SCREENING SERVICES
(I.E. hysterectomy, never sexually active etc.)

If you have had a total hysterectomy, please give the date

Signature.....

Please Turn Over