New Patient Medical History

Gerringong MEDICAL PRACTICE

This information will form part of your medical record and is completely confidential. Please complete and hand to the nurse or your doctor.

Name: Date of Birth:

ALLERGIES ❑ Nil known ❑ Yes (please list)

PERSONAL HEALTH HISTORY

Do you have, or have you suffered from any of the following (record date diagnosed if known):

❑ Diabetes ❑ Hypertension ❑ Asthma ❑ Heart disease ❑ Cancer ❑ Depression ❑ Stroke

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Other:

Height ..... cms Weight ..... kgs Waist measurement ..... cms

If you prefer, our nurse or doctor can check these measurements for you.

CURRENT MEDICATIONS (please list):

IMMUNISATION HISTORY (last tetanus, if over 65 last fluvax/pneumovax):

If completing for a child, are his/her immunisations up to date? ❑ Yes ❑ No

FAMILY HISTORY

❑ Unknown (e.g. adopted) ❑ No significant family history

Mother alive? ❑ Yes ❑ No Age at death:_____ Cause of death: _____

Father alive? ❑ Yes ❑ No Age at death:_____ Cause of death: _____

Significant family history:

Mother:	❑ Diabetes	❑ Hypertension	❑ Heart disease	❑ Stroke
	❑ Colon cancer	❑ Depression	❑ Breast cancer	
Father:	❑ Diabetes	❑ Hypertension	❑ Heart disease	❑ Stroke
	❑ Colon cancer	❑ Depression		

Other (Significant history of other blood relatives – brother, sister, aunt, uncle, etc.):

SOCIAL HISTORY

Marital Status: ❑ Single ❑ Married ❑ De facto ❑ Separated ❑ Divorced ❑ Widowed

Sexuality: ❑ Heterosexual ❑ Homosexual ❑ Bisexual

Elite Athlete: ❑ Yes ❑ No

Have a carer? ❑ Yes ❑ No

Current physical activity – planned/incidental:

Nutrition/current eating patterns:

Occupation: _____ ❑ Retired

Any past occupational exposure to: ❑ Asbestos ❑ Dust ❑ Animals ❑ Radiation

Current alcohol intake: ❑ Non drinker

Days per week: _____ Standard drinks per day: _____	Past alcohol intake: ❑ Nil ❑ Occasional ❑ Moderate ❑ Heavy Year started:_____Year stopped: _____

Current smoking history: ❑ Non-smoker (never smoked)

❑ Ex-smoker Past smoking history: ❑ Light ❑ Moderate ❑ Heavy Year started:_____Year stopped: _____	❑ Smoker ❑ Cigarettes ❑ Cigars ❑ Pipe Year started: _____

Today's date:____/____/ ____