Health Questionnaire

Patient Name: _____ **NHI NO.** _____

This questionnaire will provide us with an overview of your general health. Please return this form to the GP or the Practice Nurse.

Health Screen

Smoking

- ❑ Current smoker
- ❑ Trying to stop
- ❑ Stopped in the last 12 months Date: _____
- ❑ Stopped more than 12 months ago Date: _____
- ❑ Never

Alcohol

How often do you have a drink containing alcohol?

- ❑ Never
- ❑ Once per month (or less)
- ❑ 2 – 4 times per week
- ❑ 4 – 5 times per week
- ❑ 6 – 7 times per week

How often do you have 6 or more drinks on one occasion?

- ❑ Never
- ❑ Less than monthly
- ❑ Monthly
- ❑ Once or twice per week
- ❑ Daily

How many standard drinks containing alcohol do you have on a typical day when you are drinking? _____

Women

1. If you aged over 20 years:
   - Have you ever had a cervical smear ❑ **Yes** ❑ **No**
   - **If so where** ❑ **NZ** ❑ **Overseas**
   - **Date:** _____ **Result** ❑ **Normal** ❑ **Abnormal**
2. If you are aged over 45 years:
   - Have you ever had a Mammogram ❑ **Yes** **Date:** _____ ❑ **No**

Allergies to Drugs

Yes ❑

– if so what? _____

_____

No - no known allergies to any drugs ❑

Personal Medical History

Please tick any that apply:

		Office Use Only:
Asthma	❑	#H33
High Blood pressure	❑	#G20
Heart Disease	❑	#G5yX
Stroke	❑	#G66.13
Diabetes	❑	#C10
Hepatitis	❑	#A70
Cancer	❑	#B
Mental illness	❑	#146

Any other significant illnesses, injuries, or operations ❑

- if so what? _____

_____

No significant illnesses, injuries, or operations ❑ #14Z1

Family Medical History

Have any of your parents, grandparents, brothers, sister, aunts or uncles had any of the following medical conditions?

Please tick any that apply:

		Office Use Only:
Asthma	❑	#12D2
High Blood pressure	❑	#12C1
Heart Disease	❑	#12C
Stroke	❑	#12C4
Diabetes	❑	#1252
Cancer	❑	#124
Mental illness	❑	#146

No Family History of significant illness ❑ #122