New Patient Questionnaire

Please complete all pages of this form

If you prefer not to answer any question – please leave it blank
If you can't remember the exact date – please give an estimate

Personal Details

Full Name:
Date of Birth:

Medical History

Have you had any operations? (includes tonsils, appendix, male or female sterilisation, etc.)	Year	Please list:
Have you been in hospital for any other illness? or Have been treated at home for any serious illness?	Year	Please list:
Have you ever seen a specialist about any other problem?	Year	Please list:
Apart from in connection with any illness referred to above, have you ever had any specialist tests? (e.g. barium meal, gastroscopy, cardiograph)	Year	Please list:
Do you have any long-term illness or disability? (e.g. raised blood pressure, skin complaints, diabetes, asthma, nervous troubles)	Year started	Please list:

Medication

Please list all current medication	Please list:
Are you allergic to any drugs?	Please list:

Family History

Have any of your relatives (by blood) suffered any of the following?	Yes / No
• Heart troubles under the age of 65	
• Diabetes	
• Stroke	
• Asthma	
• Bowel Cancer	
• Breast Cancer	
• Glaucoma	
• Thyroid trouble	
• Gallbladder trouble	
• Peptic Ulcer	
• Or any other inherited disease? (Please name)	

Lifestyle

Do you smoke now?	Yes / No	Number per day:
Have you ever smoked?	Yes / No	Gave up in: (Year)
How much alcohol do you drink?	Per day:	Per week:

How often do you engage in regular exercise? e.g. active gardening, brisk walking, dancing – for at least 30 minutes	Times per week:

Women

Number of Children & Year(s) Born		
Other Pregnancies (Number)		
Form of Contraception (if relevant)		
When was your last Cervical Smear?	Month	Year
Are you enrolled with BreastScreen Aotearoa?	YES	NO
If YES – Date of Last Mammogram	Month	Year
If NO - Would you like to be enrolled for Free Bi-Annual Mammograms, 45-69 years of age	YES	NO

Children Under 16 Years of Age

Name of Child	Date of Birth	Born in New Zealand (Yes / No**)	Vaccinated (Yes / No)

Please note, for any children NOT born in NZ, we require a copy of their Vaccination Record