

GLENFIELD FAMILY DOCTORS
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New Patient Medical Questionnaire
 (Please hand this to your doctor)

Name: _____

1. 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 (#1434)	Yes	Yes	Blood clot (#12C9)	Yes	Yes
High blood pressure (#G2)	Yes	Yes	Stroke (#12C4)	Yes	Yes
Heart disease/problems (#14A)	Yes	Yes	High cholesterol (#1442)	Yes	Yes
Heart Attack <60yr (#12C2) >60yr (#12C3)	Yes	Yes	Migraine (#1474)	Yes	Yes
Asthma (#14B4)	Yes	Yes	Epilepsy (#1473)	Yes	Yes
Other lung or respiratory disease Or problems	Yes	Yes	Breast Cancer (#1243)	Yes	Yes
Kidney disease or problems	Yes	Yes	Other Cancer (#124)	Yes	Yes
Liver diseases or hepatitis(#A70)	Yes	Yes	Glaucoma (1482)	Yes	Yes
Bowel disease or problem	Yes	Yes	Rheumatic Fever (#GO)	Yes	Yes
Joint disease or problems, arthritis	Yes	Yes	Tuberculosis (#AI)	Yes	Yes
Depression and/or anxiety (#1465)	Yes	Yes	Eczema (14F1)	Yes	Yes
Other mental health illnesses(#EUZ)	Yes	Yes	Hay Fever (14B1)	Yes	Yes

2. Do you have any **other health, disability problems or inherited conditions?** – pls list

3. Please list any **regular medications** that you take

4. Have you had any **operations?** Yes No *If yes, please list*

5. Are you **allergic** to any medications? Yes No *If yes, please list*

6. a) Do you **smoke?** Yes No *If yes, how many per day* _____

b) Have you ever smoked? Yes No *If yes, how much and for how long* _____
when did you give up _____

7. Do you drink **alcohol?** Yes No *If yes, on average, how much/week* _____
And what type _____

8. Do you have any **substance abuse** problems? Yes No

9. **Women:** *(those over 20 years and sexually active)*

When was your most recent cervical smear? _____

Have you ever had an abnormal smear? Yes No Don't know

Have you had a mammogram *(those over 40 years)?* Yes No *If yes, when?* _____

10. When was you last **Tetanus booster?** _____

11. Are your **childhood immunisations** up to date? Yes No Don't know

Signed: _____ Date: _____

(If you enrolled and requested your medical notes to be transferred from your previous GP we wish to advise you that we will hold these securely for reference only. The notes will not be specifically reviewed unless you request us to, or unless the Doctor feels that your medical history warrants this. Please be careful to disclose all important medical/surgical/ Psychiatric information).