

Please hand this form to your doctor

Surname:

First Name:

Date of Birth:

Community or high use health card? Yes No

1. Do you have any of the following medical problems?

Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart disease or problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other lung or respiratory disease or problems		
Kidney disease or problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liver disease or problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bowel disease or problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint disease or problems, arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression and/or anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other mental health illnesses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other medical problems not listed above?		

2. Please list any regular medications/over the counter medications that you take:

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

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

5. Are there any illnesses in your family (see list above) , plus any cancers e.g. breast, bowel prostate, melanoma? Yes No
If yes, please list

6. Do you smoke/have you smoked? Yes No
If yes, how many / day for how many yrs _____

7. Do you drink alcohol? Yes No
If yes, what type and how much / week _____

8. When was your last Tetanus injection? _____

9. Females if applicable: when was your last cervical smear?

Abnormal smear in the past and when?

How did you hear of us?

Recommendation Phone book Sign Other

Do you intend to enrol at this practice? Yes (*ask for form*) No

Signed: _____ Print Name: _____

Date: _____

Office chk

No PO Box no

Chk other ph nos –1 mobile no not sufficient

All details entered in appropriate fields in MedTech ie occupation/ethnicity etc

Enrolment form/ practice information sheet given/filled

Enrolled on MedTech?

Casual patients –to Dr but registered pts to Nurse