

Googong Family Practice - New Patient Health Information Form

To provide appropriate diagnosis and care, it is important for the doctor to know as much possible about your current and past health and social history, as well as your familial health history. Please complete the following or circle as appropriate (as much as you are comfortable to provide).

Patient Name: _____ **Ph No:** _____ **Date of Birth:** _____

Allergies & Reactions			
Family History			
Unknown (eg adopted) <input type="checkbox"/>		No significant family history <input type="checkbox"/>	
Mother alive? YES NO	Age at death: _____	Cause of death:	
Father alive? YES NO	Age at death: _____	Cause of death:	
Mother	Diabetes Hypertension Heart disease Stroke Colon cancer	Depression	Breast cancer
Father	Diabetes Hypertension Heart disease Stroke Colon cancer	Depression	Prostate cancer
Other Relatives	Aunt/uncle/sibling etc	Condition/s	
	Aunt/uncle/sibling etc	Condition/s	
	Aunt/uncle/sibling etc	Condition/s	
	Aunt/uncle/sibling etc	Condition/s	
Social History			
Marital Status	Single Married Defacto Separated Divorced Widowed		
Sexuality	Heterosexual Homosexual Bisexual Other:		
Elite Athlete	YES NO		
Health Directive	YES NO	Enduring Power of Attorney	YES NO
Recreation/hobbies			
Accommodation	Own home Relatives home Other Private House Rental home Hostel Nursing home Homeless		
Who do you live with?	Spouse Partner Relative Friend Alone		
Do you have a carer?	YES NO	Are you a carer?	YES NO
Do you feel safe in your own home	YES NO		
Alcohol			
Current alcohol intake	Non-drinker <input type="checkbox"/>	How many days do you drink each week? _____ On average, how many drinks per day? _____	
Past alcohol intake	Nil Occasional Moderate Heavy		
Year started drinking		Year stopped drinking	
Tobacco			
Non-smoker	<input type="checkbox"/>		
Ex-smoker	Year started	Year stopped	
Smoker	Year started	How many per day	