Gavin Lobo Health Ltd.

New Patient Medical Questionnaire

lease complete one form for <u>each member</u> o Name:			eception DO	B: / /		
Oo 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	☐ Yes	☐ Yes	Blood clot	☐ Yes	☐ Yes	
High blood pressure	☐ Yes	☐ Yes	Stroke	☐ Yes	☐ Yes	
Heart disease or problems	☐ Yes	☐ Yes	High cholesterol	☐ Yes	☐ Yes	
Heart Attack <60yr >60yr	☐ Yes	☐ Yes	Migraine	☐ Yes	☐ Yes	
Asthma	☐ Yes	☐ Yes	Epilepsy	☐ Yes	☐ Yes	
Other lung or respiratory disease or problems	☐ Yes	☐ Yes	Breast cancer	☐ Yes	☐ Yes	
Kidney disease or problems	☐ Yes	☐ Yes	Other cancer	☐ Yes	☐ Yes	
iver disease or Hepatitis	☐ Yes	☐ Yes	Glaucoma	☐ Yes	☐ Yes	
Bowel disease or problems	☐ Yes	☐ Yes	Rheumatic Fever	☐ Yes	☐ Yes	
Joint disease or problems, arthritis	☐ Yes	☐ Yes	Tuberculosis (TB)	☐ Yes	☐ Yes	
Depression and/or anxiety	☐ Yes	☐ Yes	Eczema	☐ Yes	☐ Yes	
Other mental health illnesses	☐ Yes	☐ Yes	Hay Fever	☐ Yes	☐ Yes	
4. Are you allergic to any medications?		□ Yes	□ No <i>If yes, pl</i> e	ease list		
5. Do you smoke?	Do you smoke?		☐ Yes If yes, how many / day			
If Yes - would you like help to quit smoking		☐ Yes	□ No			
Have you ever smoked ?	Have you ever smoked ?		☐ No ☐ Yes If yes, how much and for how long when did you give up			
. Do you drink alcohol?		☐ No ☐ Yes If yes, on average, how much / week?and what type				
. Do you have any substance abuse problems?		□ No	☐ Yes			
8. When was your last Tetanus booster?						
9. Are your childhood immunisation up to date?		☐ Yes	□ No	☐ Don't know		
<u>fomen:</u> (those over 20 years & sexually a 10. When was your most recent cerv						
11. Have you ever had an abnormal smear?		☐ Yes	□ No	☐ Don't know		
12. Have you had a mammogram (th	rs): ⊔ NO	☐ Yes	If Yes, when?			
Signed:				Date:		