



www.CareMedical.com.au

Tullamarine Complete Health Centre
84-86 Mickleham Rd, Tullamarine VIC 3043
Ph: 03 9336 8100. Fax: 03 9336 8199
www.TullamarineCompleteHealthCentre.com.au

Online Appointments
www.SeeMyDoctor.com.au

PLEASE COMPLETE ALL SECTIONS & GIVE TO THE DOCTOR

MEDICAL HISTORY QUESTIONNAIRE

1 Full Name: ..... D.O.B. ....

2 What medical concerns do you wish to discuss with the doctor today?
Check up Tests Scripts Smoking/Alcohol Travel Pregnancy Mental Health
Current Illness (state symptoms)
Other issues:
My Health Record: I have one already OR I want Doctor to make it for me today

Allergies:
Medications: (pls list all)

6

3 Substance Use: (Please Tick & state how many)
Table with 4 columns: Item, NEVER USED, ALREADY QUIT? IF SO, WHEN?, ONGOING USE TILL NOW (PLEASE STATE QUANTITY)
Rows: Smoking Cigarettes, Alcohol, Any Drugs

4 Preventative Health Issues: Please tick if you had these in the past & when
Table with 3 columns: Check up/Tests, Bone Test/DEXA, Spirometry/Lung Function, Skin Check, Pap smear, Prostate PSA test, Last Flu Vaccine, Mammogram, Childhood Vaccines, Bowel Test Kit, Breast Exam, Hearing Test, Diabetes Test, Pneumonia Vaccine, ECG (Heart Trace), Cholesterol Test, Shingles Vaccine

7 Past Medical History:
Have you suffered from any of the following?
Heart Problems Asthma
Cholesterol Diabetes
Osteoporosis Back Pain
Blood Pressure Depression
Any Operation
Other

5 Your Family History: (please list ..... )
Table with 4 columns: Condition, Mother Alive? (Yes / No), Father Alive? (Yes / No), Siblings
Rows: Heart Disease, Cancer (which? ), Diabetes, Osteoporosis, Stroke, High Blood Pressure, Other

8 Signature:
The information I have provided here is correct complete & without any major omissions.
Signed:
Date:
THANK YOU !