Care Medical

www.CareMedical.com.au

Tullamarine Complete Health Centre
84-86 Mickleham Rd, Tullamarine VIC 3043
Ph: 9336 8100. Fax: 9336 8199

Online Appointments
www.SeeMyDoctor.com.au

MEDICAL HISTORY QUESTIONNAIRE

Full Name: .... **D.O.B.** ....

What medical concerns do you wish to discuss with the doctor today?

Check up ◯ Tests ◯ Scripts ◯ Smoking/Alcohol ◯ Travel ◯

Current Illness (state symptoms) ....

Other issues: ....

Have you ever smoked?
- ◯ Never
- ◯ Yes, but I have quit (Year? ....)
- ◯ Yes, and I smoke now (............./day)

Have you ever had Alcohol?
- ◯ Never
- ◯ Yes, but I have stopped (Year? ....)
- ◯ Yes, and I drink now (........../day or wk)

Preventative Health Issues: *Please tick if you had these in the past & when*

All	FEMALES	MALES
Bowel Screening ☐ Year:	Pap smear ☐ Year:	Prostate check ☐ Date:
Skin Check ☐ Year:	Normal? Yes ☐ No ☐	Normal? Yes ☐ No ☐
Vaccines up-to-date Yes ☐ No ☐	Mammogram ☐ Year:	Testis check ☐ Date:
Fluvax ☐ Year:	Breast Exam ☐ Year:	Normal? Yes ☐ No ☐

Family History: (please list ....)

Condition	Mother Alive? (Yes / No)	Father Alive? (Yes / No)	Siblings
Heart Disease			
Cancer (which?)			
Diabetes			
Osteoporosis			
Stroke			
High Blood Pressure			

Allergies: ....
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Medications: *(pls list all)*

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Past Medical History:

Have you suffered from any of the following?

- ◯ Heart Problems ◯ Asthma
- ◯ Cholesterol ◯ Diabetes
- ◯ Osteoporosis ◯ Back Pain
- ◯ Blood Pressure ◯ Depression
- ◯ Any Operation ....

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- ◯ Other...

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....

Signature:

The information I have provided here is correct, complete & without any major omissions.

Signed:...

Date:...