



# New Patient Questionnaire

Name:.....

Date of birth:    /    /  
Day   month   year

Date:

Welcome to Ngati Pikiiao Health Services, in order for us to look after your health needs, it is important to know your health history, please fill out the questionnaire below.

Please tick if you, or to your knowledge a family member, have ever had any of the following medical conditions					
Medical Condition	Yourself	Family (indicate who i.e father)	Medical Condition	Yourself	Family (indicate who i.e father)
Diabetes			High Blood pressure		
Cancer (what kind)			Stroke		
Depression or anxiety			Heart Disease		
Asthma/COPD			Eczema		

Any other health related issues not mentioned above?

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.....

Please list your current medications:

.....  
.....

Do you have any allergies, or medications that you are allergic to?

.....  
.....

Childhood Immunisations: Are these up-to-date?      Yes      No      Don't know

<p>Women:</p> <p>If aged 25 years and over, when did you last have a smear?</p> <p>Mammography: If aged 45 years and over, are you enrolled with Breast screen Aotearoa?      YES      No      Don't know</p> <p>If you circled No, do we have your permission to enrol you?      Yes      No</p>	<p>Men:</p> <p>If aged 50 years and over, when did you last have a prostate check?</p>
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