

New Patient Health Questionnaire

Please complete this questionnaire and return it to Mahara Health.

This information will be entered into your clinical records to assist us in providing continuity of care.

Patient Name:	Date of Birth:
Address:	
Contact phone numbers Work Home Mobile	NHI number (if known)
Smoking Status (please tick the appropriate box) I am a smoker / / I am not a smoker / / I stopped smoking in (please state month/year) _____	
Alcohol Consumptions I don't drink alcohol / / Number of drinks per week of Spirits / / Wine / / Beer / /	
Family History	<i>Please state relationship of person/s e.g. mother, grandfather, brother</i>
Asthma	
Diabetes	
Heart Disease	
Respiratory Disease	
Cancer (please state type)	
Mental illness (please describe)	
Other (please describe) e.g. allergies	
Self History	<i>Please give a brief description</i>
Significant illnesses	
Surgery	

Significant accidents:	
Occupational related disease e.g RSI, asbestosis, back injury.	
IMMUNISATION STATUS	
Children: Has your child completed their immunisations (If possible, provide a photocopy of immunisations record.)	Yes No
Adults: Date last tetanus booster	
Medications: List current medications	
Allergies:	
Female Patients Only	
Date last cervical smear:	
Date last mammogram	

If you are over 65 years of age or older please complete the follow questions
(Circle one)

Have you had a fall in the last Year	Yes	No
Do you need to use your hands to get up out of a chair?	Yes	No
Are there some activities you have stopped because you are afraid you might lose your balance and fall?	Yes	No

Which Pharmacy to get your medications from? _____

Patients Signature _____ Date: _____

All new patient on regular or long term medications are expected to make and introduction appointment with the doctor and a new patient check with the Practice Nurse within 3 months of registering. A charge will apply.