DOCTOR Helena MEDICAL CLINIC

Date: _____ / _____ / _____
yyyy / mm / dd

NEW PATIENT – HEALTH QUESTIONNAIRE

1.	Name:		Date of birth:	
	Husband / Wife / Partner's name:			
2.	What is your current work status?	Active workforce ☐ Semi-retired ☐ Retired ☐ Student ☐		
	What is (or was) your occupation?			
	Where do (or did) you work?			
3.	How would you describe your health status over the past year? Fantastic ☐ Not good / major problems ☐ Good / minor problems ☐ Disastrous ☐			
4.	Are you struggling with any of the following medical conditions (or) have you ever been diagnosed with any of the following medical problems?			

Hypertension (high)	☐	Rheumathoid arthritis	☐
Hypotension (low)	☐	Osteoarthritis	☐
Heart failure	☐	Osteopenia / Osteoporosis	☐
Miocardial infarction	☐	Depression	☐
Other heart problems	☐	Anxiety	☐
Atrial fibrillation	☐	Anger management issues	☐
Deep venous thrombosis	☐	Insomnia	☐
Pulmonary embolism	☐	Schizophrenia	☐
High cholesterol	☐	Personality disorder	☐
Hypothyroidism (low)	☐	Attention deficit disorder (ADD)	☐
Diabetes meilitis	☐	Learning disorder	☐
Overweight or obesity	☐	Dementia	☐
Asthma or Emphysema	☐	Multiple sclerosis	☐
Stroke / TIA	☐	Fibromyalgia	☐
Epilepsia / Seizures	☐	Chronic back pain	☐
Kidney failure / disease	☐	Chronic headaches	☐
GERD / Stomach ulcers	☐	Cancer	☐
Pancreatitis	☐	Hepatitis B	☐
Chrohn's / Ulcerative colitis	☐	Hepatitis C	☐
Serious food allergies	☐	HIV	☐
Environmental allergies	☐	Alcoholism	☐
Lactose intolerance	☐	Narcotic dependence	☐
Coeliac disease	☐	Street drug use	☐
Iron deficiency	☐	**Men only**	
Any type of Anemia	☐	Prostrate problems	☐
Any other blood disorder	☐	Erectile problems	☐
Serious skin problems	☐	**Women only**	
Vertigo	☐	Menstrual irregularities	☐
Chronis sinusitis	☐	Abnormal papsmears	☐
Glaucoma	☐	Breast concerns	☐
		None of the above	☐

5.	Do you have any chronic medical conditions not mentioned in the section above? *Please list them below.*	

6.	Smoking status:			
	I never smoked	☐	Current smoker (1-10/day)	☐
	Past light smoker < 10 years	☐	Current smoker (11-20/day)	☐
	Past light smoker > 10 years	☐	Smoking years (1-10 years)	☐
	Past heavy smoker	☐	Smoking years (11-20 years)	☐
	I do want to quit smoking	☐	Smoking years (20 years+)	☐
7.	Alcohol usage:			
	Non-drinker	☐	Light social drinker	☐
	Rehabilitated non-drinker	☐	Heavy drinker (now or past)	☐
8.	Recreational / street drug use:			
	Never used	☐	Current user – Marijuana	☐
	Former user – Marijuana	☐	Current user – other drugs	☐
	Former user – other drugs	☐	If other drugs, which one?	

9.	Prescription drugs and dosages:	
	1.	4.
	2.	5.
	3.	6.
10.	Do you have any serious drug allergies? *If so, please list them.*	
	1.	3.
	2.	4.

11. Family medical history: *We want to know about **first-line** family members only, e.g.: father, mother, brothers, sisters. (Grandparents, aunts and uncles are NOT first-line.)*

Family medical condition	*Who has this condition?*
1.	Father ☐ Mother ☐ Brother ☐ Sister ☐
2.	Father ☐ Mother ☐ Brother ☐ Sister ☐
3.	Father ☐ Mother ☐ Brother ☐ Sister ☐
4.	Father ☐ Mother ☐ Brother ☐ Sister ☐

12. Surgical procedures you have had?
(Ignore wisdom teeth, vasectomy, tubal ligation, ingrown nails, benign mole removals)

1.	3.
2.	4.

13.	When did you last have any of the following done or checked?	*Past year*	*1-2 years*	*2-5 years*	*5 years +*
	Complete annual physical exam	☐	☐	☐	☐
	Blood pressure taken	☐	☐	☐	☐
	Cholesterol checked	☐	☐	☐	☐
	Checked for diabetes	☐	☐	☐	☐
	Women > 18 years: Papsmear	☐	☐	☐	☐
	> 40 years: Mammogram	☐	☐	☐	☐
	> 50 years: Bone density testing	☐	☐	☐	☐
	Men > 40 years: Prostate exam	☐	☐	☐	☐
	All > 50 years: Colonoscopy	☐	☐	☐	☐
14.	Do you have any medical issues that need to be attended to in the near future? *If you have, please list the 2 most important issues that need attention first.*				
	1.	2.			
15.	What are the 2 most important qualities you are expecting from your next doctor?				
	1.	2.			

SURVEY – OPTIONAL ONLY						
1.	Do you believe that the vaccination of children is safe?	Absolutely ☐	Unsure ☐	Never ☐		
2.	What do you think about getting an annual flu shot?	I want it ☐	Unsure ☐	Never ☐		
3.	Do you sometimes go to a chiropractor for a tune-up?	Regularly ☐	Sometimes ☐	Never ☐		
4.	Do you sometimes go to a naturopath for health advice?	Regularly ☐	Sometimes ☐	Never ☐		
5.	Do you trust the Internet as a good resource of health information?	Absolutely ☐	Sometimes ☐	Never ☐		
6.	How do you like our public health care system?	Fantastic ☐	Mediocre ☐	Terrible ☐		
7.	Would you have liked a private health care system to be available as an alternative option to public health?	We need it ☐	Unsure ☐	Never ☐		

Thank you. The doctor is looking forward to meeting with you.

SEND