Brindabella
Family Practice

ACCREDITED GENERAL PRACTICE

Last Name: _____

First Name: _____

Date of Birth: _____

Suite 2, 80 Morisset Street, Queanbeyan NSW 2620
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New Patient Questionnaire - Adults

To assist us to provide good medical care, please answer these questions. *Use the reverse side if more space needed.*

REACTIONS

List your **allergies**	☐ Nil known allergies
What was the reaction?	

FAMILY HISTORY Please list any diseases in your family.
(Asthma, Blood Pressure, Cancer what type, Diabetes, Epilepsy, Heart disease, Hypertension, Thyroid disease, Stroke, etc.)

☐ Unknown (e.g. adopted)	Mother alive? ☐ Yes ☐ No	Age at death (and cause):	
	Father alive? ☐ Yes ☐ No	Age at death (and cause):	
Mother		Paternal Grandfather	
Father		Paternal Grandmother	
Brother		Maternal Grandfather	
Sister		Maternal Grandmother	

SOCIAL HISTORY

Elite Athlete ☐ Yes ☐ No	Breast Feeding ☐ Yes ☐ No ☐ N/A
Recreational Activities	

FAMILY NAMES

	Husband / Wife / Partner	Child 1	Child 2	Child 3	Child 4
Name					
Year of Birth					

OCCUPATION	**COMMERCIAL DRIVERS LICENCE?**
Have you been exposed to Asbestos, Dust, Animals or Radiation?	

ALCOHOL

How many days per week do you usually drink **alcohol?**
How many drinks containing **alcohol** do you have on a day that you do drink?

TOBACCO
Are you:

☐ Non smoker	☐ Ex-smoker	☐ Smoker
	Year ceased:	Number per day:

PAST HEALTH

List any **operations** & year	
List **disease/illness/ hypertension/high cholesterol** & year	
List ALL **medication** taken - now & occasionally, include contraception/vitamins	

Women only: ***When was your last PAP smear?*** _____/_____ ***Result*** _____

☐ ***Never had*** ☐ ***Not required, because*** _____