KEW GENERAL PRACTICE

798 High Street
KEW EAST VIC 3102
T: 9859 8756
F: 9859 2227
W: www.kewgp.com.au

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name:						**DOB:**
Gender:	☐ Male	☐ Female	☐ Other (please state)			
Marital status:	☐ Single	☐ De-facto	☐ Married	☐ Separated	☐ Divorced	☐ Widowed

HEALTH HISTORY

List any medical problems that other doctors have diagnosed

Surgeries		
Year	Reason	Hospital

Other hospitalizations		
Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers		
Name the Drug	Strength	Frequency Taken

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Do you have any allergies? ☐ Yes ☐ No	
If yes, please list all allergies (including medication) and the reaction you had	
Allergy	Reaction You Had

HEALTH HABITS AND PERSONAL SAFETY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.				
Weight	Do you know your weight? kg			
Height	Do you know your height? cm			
Alcohol	How often do you have a drink containing alcohol?			
	How many standard drinks containing alcohol do you have on a typical day?			
	How often do you have six or more alcoholic drinks on one occasion?			
Tobacco	Do you use tobacco? ☐ Yes ☐ No			
	☐ Cigarettes – pks./day	☐ Chew - #/day	☐ Pipe - #/day	☐ Cigars - #/day
	Have you previously used tobacco? ☐ Yes ☐ No			
	If yes, what year did you quit?			

FAMILY HEALTH HISTORY

	AGE	SIGNIFICANT HEALTH PROBLEMS		AGE	SIGNIFICANT HEALTH PROBLEMS
Father			**Children**	☐ M ☐ F	
Mother				☐ M ☐ F	
Siblings	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F			☐ M ☐ F	
	☐ M ☐ F		**Grandmother** *Maternal*		
	☐ M ☐ F		**Grandfather** *Maternal*		
	☐ M ☐ F		**Grandmother** *Paternal*		
	☐ M ☐ F		**Grandfather** *Paternal*		

PLEASE TAKE THIS FORM WITH YOU INTO YOUR CONSULTATION WITH YOUR DOCTOR

GP USE ONLY

☐ Weight ☐ Height ☐ BP ☐ Smoking ☐ Alcohol ☐ Nutrition ☐ Physical Activity ☐ Immunisations ☐ Cervical

OFFICE USE ONLY

GP: _____ **RECEPTION:** _____ **DATE ENTERED:** _____/_____/_____