

Patient Health Information

Name: _____

D.O.B. _____ / _____ / _____

Red Hill Doctors Surgery regards your personal information as very important and private. A complete Family History and Social History enable us to provide you with the best quality holistic healthcare. We respectfully request you fill out the information below as completely as possible.

Country of birth:	Languages spoken:
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Allergies

It is very important to list any known allergies you may have.

Or I have no known allergies <input type="checkbox"/>

Family Medical History:

<input type="checkbox"/> Unknown (eg Adopted)	<input type="checkbox"/> No significant Family Medical History
Mother Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age at Death Cause of death
Father Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No

Significant Family Medical History:

Mother:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Breast Cancer	
	<input type="checkbox"/> Anything else?.....			
Father:	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Colon Cancer	<input type="checkbox"/> Depression		
	<input type="checkbox"/> Anything else?.....			

Other Family members:

Relationship	Condition	Comment

Your Medical History:
Any further medical information you would like to share:

Social History:

Marital Status: Single Married DeFacto Separated Divorced Widowed

Sexuality: Heterosexual Homosexual Bisexual Other

Elite Athlete: Yes No

Recreational Activities:

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Accommodation:

Own home Renting Relatives Hostel Other private house Nursing home Other

Lives with:

Spouse/Partner Relative Friend Alone

Is a Carer: Yes No Self

Has Carer: Yes No Self

Carer details

Name	Address	Phone	Alternate contact	Relationship

Is there anything else you would like us to know about you?

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OCCUPATION:

Current Occupation:

Retired: Yes No

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Previous Occupations:

Occupation	Employer	Approx Start date	Approx Finish date

ALCOHOL CONSUMPTION

Current Alcohol Intake:

Non Drinker

Days per week:		Standard Drinks per Day:	
Description /Type consumed eg: beer/wine/spirits			

Standard Drinks table:

<p><u>Did you know?</u></p> <p>1 standard drink = 10g alcohol</p> <p>This amount of alcohol is contained in:</p> <ul style="list-style-type: none">• 285ml of 'heavy' beer (middy, pot, 10oz)• 375ml stubby 'mid strength' beer• 120ml glass of table wine• 60ml glass of port, sherry• 30ml nip of spirits
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Past Alcohol Intake:

Nil Occasional Moderate Heavy

Year Started		Year Stopped	
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Comments or Concerns:

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CURRENT SMOKING HISTORY

Non Smoker

Ex-smoker -

Past smoking history:

Cigarettes Cigars Pipe Other
 Light Moderate Heavy

Year Started: Year Stopped:

Smoker -

Cigarettes Cigars Pipe Other
 Light Moderate Heavy

Year started: Number per day:.....

Comments or Concerns:
