HEALTH HISTORY FORM

Campbell Medical Practice is committed to providing their patients with the best care.

To do this it is essential that your medical records are up to date and accurate. Please assist your doctor by completing the following:

First Name:	**Surname:**	**DOB:**

Do you have or have ever had a history of?

☐ Operations ☐ High blood pressure ☐ Asthma ☐ Epilepsy ☐ Diabetes

☐ Any other major health event or illness (please use the space below):

____

____

Do you have any ALLERGIES or are you SENSITIVE to DRUGS or DRESSINGS?

☐ Yes (If yes, please list below) ☐ No

____

____

IMMUNISATIONS - Have you had the following immunisations?

Tetanus booster	date__________	☐ Do not Know	☐ Have not had one.
Hepatitis B or A	date__________	☐ Do not Know	☐ Have not had one.
Influenza	date__________	☐ Do not Know	☐ Have not had one.
Pneumococcal	date__________	☐ Do not Know	☐ Have not had one.
Polio	date__________	☐ Do not Know	☐ Have not had one.

Children's Immunisations - If completing this form for a child, are their immunisations up to date?

☐ Yes ☐ No ☐ Do not know

Current MEDICATIONS (including over the counter medications, vitamins, and minerals)

____

____

____

SMOKING STATUS/ALCOHOL CONSUMPTION

☐ Tobacco: __________day / week   Ceased Smoking - date _____________

☐ Alcohol: __________day / week / month   (circle the one applicable)

☐ Drug use: ____(type and how often used?)

FAMILY MEDICAL HISTORY - Have any members of your family had?

☐ Diabetes   ☐ Mental illness   ☐ Asthma   ☐ Heart Disease

☐ Cancer (e.g., Bowel, Prostate, Breast, Melanoma?)   ☐ Other? _________________________________

For Females:	**When did you last have?**		
Pap Smear	Date ________________	☐ not sure	☐ never
Mammogram	Date ________________	☐ not sure	☐ never

For Males:	**When did you last have?**		
An overall check-up	Date ________________	☐ not sure	☐ never

Please take this form into the doctor with you, thank you.

- (This section for Nurse or GP to complete) -

Height: ___________cms   **Weight:** ______________kgs   **Blood Pressure:** ____________________