

New Patient Questionnaire - Welcome to the Richmond Health Centre

To get to know you and assist care for your health needs, would you please complete the following information

Name: Preferred Name: DOB:
 Address: Age: Ethnicity:
 Cell Phone: Work ph: Home ph:
 Preferred Pharmacy: Occupation:
 Employer: Employer Address:
 Next of Kin: Relationship: Contact ph:
 Other Significant Contact Person:

Please tell us about yourself, your whanau/family, your home situation, occupation, where you were born, where you have moved from:

.....

Do you have any allergies? YES / NO If yes, what happens?

Is there any significant medical history we should be aware of, including your family history?

<p>Do you have any of the following:</p> <p>Heart Attack Yes/ No Angina Yes/ No Stroke/ CVA Yes/ No Diabetes Yes / No. Type: 1 or 2 High blood pressure Yes/ No Any abnormal skin spots ... Yes / No Breast Cancer Yes/ No Bowel cancer..... Yes/ No other Cancer Yes/ No If yes, what type?</p>	<p>Do you have any family history of the same? If yes, <u>what relationship</u> (eg mother) & <u>age</u> when diagnosed:</p> <p>Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No</p>	<p>Tell us of your known Medical Problems/ Past major surgery or illnesses:</p> <p>..... </p>
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<p>Please list your current medications:</p> <p>..... </p>	<p>Do you take any non-prescribed 'over the counter' medications or dietary supplements? Please list: (such as Vitamins, St Johns Wort, Magnesium, Glucosamine, Ginseng)</p> <p>..... </p>	<p>Medications for women only:</p> <p>Do you have an IUCD? YES/ NO</p> <p>If yes, please circle: Mirena / other Date of insertion: Date due for replacement:</p> <p>Are you currently on Depo-Provera? YES/ NO If yes, date last given:</p>
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Tell us about your lifestyle and culture

Diet: Meat + Vege / Vegetarian / Other

Exercise: What do you do?..... **How long?** min times per week

Alcohol: How much do you have per week? Glasses of wine: Beer-cans/ stubbies: Spirit measures:

Are you currently smoking? Yes/ No Vaping? Yes/ No If yes, how many per day:

How many years have you smoked for? Have you ever tried to become smoke-free? **Yes/ No**

What worked for you?..... **“Becoming smoke free is the best decision you could make for your health. Some quit to be a role model for their whanau/ family, or to save money”.** Would you like us to help support you become smoke-free? **Yes/ No/ I’ll think about it.** May we refer you to a coach? **Yes/ No / In a month**

Cultural and Religious Beliefs:Please tell us how we can we support your cultural and religious needs

Screening Programmes

Breast Health: Do you have a current breast concern? **Yes /NO.** If yes, please see your GP promptly to discuss this.

Breast screening mammogram: Date of last Mammogram:

- Are you enrolled in the Breast Screening programme (BSP)? Funded for women aged 45 – 69 years **Yes/ No**
- If not enrolled and you are eligible, do you consent to enrolment? **Yes/ No**

At Risk (annual) Breast Screening: To help us determine if you are eligible,

- Have you had a history of breast cancer? **Yes/ No**
- Do you have any family history of breast cancer? **Yes/ No.** If yes, what relationship they are to you, and what age were they when diagnosed?

**Regular mammograms offer early detection and treatment of any developing breast cancer*

Cervical Screening is offered to women aged age 25- 69 years (longer if you have had an abnormal history or have not been screened regularly).

Date of last cervical smear:Have you had abnormal smears requiring treatment? **Yes/ No/ Not sure** Have you had a hysterectomy? **Yes/ No.** If yes, was it for cancerous cells? **Yes/ No.** Have you been advised you no longer need to have smears? **Yes/ No**

Bowel Screening is a free programme for people aged 60-74 years, who DON'T have symptoms of bowel cancer.

*Please contact **0800 924 432** or visit www.timetoscreen.nz to participate in this independent programme. Results will be sent to your GP. **If you have any bowel symptoms that concern you, discuss these with your doctor. Don't wait to receive your bowel screening test***

Do you have any bowel symptoms of concern? **Yes/ No/ Not sure**

Cardiovascular Risk Assessment: For those eligible by age and ethnicity, we calculate this percentage from blood pressure, smoking, cholesterol, diabetes, individual and family heart health history.

- Have you had a stroke/CVA or heart attack? **Yes/ No.** If yes, what age were you?
- Is there any 'early' family history of a stroke /CVA or heart attack? (female under 65 years, or male under 55 years) **Yes/ No**
- Are you a smoker or ex-smoker? **Yes/ No**

Bloods tests are requested from your GP. Appointments for blood testing are made at Med-lab on 03 523 8900

Immunisations: Have you had the following immunisations for protection? (Incomplete list of vaccines available)

COVID vaccine: Have you had 2 dose / 1 dose / Nil

Approximate date(s):

Do you have anything you wish to discuss?.....

BOOSTRIX: Tetanus/ Diphtheria/ Whooping Cough

Have you completed a free primary **TETANUS** course? (likely as a baby) **YES/ NO**

When was your last booster? How old are you now? (to check if you are eligible)

** If you have completed your primary course, your next free booster is at 65 years unless you are pregnant or have an at-risk dirty wound. You may purchase a Tetanus/ Whooping Cough vaccine if you wish. It is highly recommended to have whooping cough protection when holding babies under 12 months old*

POLIO – usually given as a baby in NZ. **YES/ NO/ NOT SURE.** If no or not sure, would you like this free vaccine? **YES/ NO**

MMR - If you were born prior to 1970, you are considered immune. If

you were born after 1st Jan 1970, and know you have had TWO doses of MMR, please provide us with documentation of these to update your medical records. Most people don't know and, in this case, it is recommended to have this important (free) vaccine protection. *There were over 2000 cases of Measles in NZ 2019. It is very contagious and can be serious. There are no safety concerns having the vaccine again, per the Immunisation Advisory Council.* **Date:**

Dose 1: **Dose 2:**

Both doses must be given AFTER 12 months of age and one month apart for long term protection

INFLUENZA Vaccine: Have you had this year's Flu vaccine? **NO/ YES** approx date...../ **I would like one**

- Some people with health conditions, and those aged 65 years and over are eligible for a free Flu vaccine

SHINGLES: Zostavax is currently available for those aged 50 years with a Doctor's prescription, or funded from 65 years for those who meet criteria. Eligibility currently includes those aged 80 years, until Dec 31st 2021. Please book a Nurse appointment for this. I am interested **YES/ NO.** I would like more information **Yes/ NO**

PNEUMOCOCCAL vaccines: Would you like further information about these vaccines? **YES/ NO**

- Some people with health conditions are eligible, such as organ transplant, premature babies,
- It is recommended but NOT funded for those who have had Pneumonia.

MENINGOCOCCAL: These vaccines may be funded, or prescribed by a Doctor and purchased

Menactra (ACYW strains). **Bexsero** (B strain). **Nimenrix** (ACYW strains)

- Menactra - funded for some people with health conditions such as organ transplant, splenectomy and for those in School boarding accommodation, prison, or **University Halls of Residence**
- Bexsero – funded for some people with health conditions

If interested, please discuss these with a Nurse or Doctor. Indication of interest: **YES/ NO**

Records of your health and vaccination history should come with your previous health records when requested. Sometimes vaccination records are incomplete relating to year of transfer from paper to digitalised records.

*For this reason, **please provide evidence of your MMR and other important vaccines.***

***If you have children joining our medical centre, please provide a copy of your child's immunisations.** If your children's records are unavailable, please request these from your previous healthcare provider, or if unavailable, it may be recommended to have these vaccines again. We are happy to discuss your health care and vaccination schedules with you.*

Once we have received your medical notes from your previous practice, we will be in contact with you to make a new patient appointment with one of our nurses to complete your enrolment. We look forward to meeting you.

Richmond Health Team