ProHealth
Family Medical Center Tooradin

CLINICAL INFORMATION FORM

Patients Name: ..... Date of Birth: .....

SECTION A - SOCIAL HISTORY

Smoking Status: ☐ Non Smoker ☐ Smoker How many per day? _____ Year started? _____ ☐ Ex-Smoker Year started? _____ Year stopped? _____

Alcohol Intake: ☐ Non Drinker ☐ Drinker How many per day? _____ How many days per week? _____

Height: _____cm | Weight: _____kg ☐ Unsure

Occupation: ☐ Retired

Marital Status: Single | Married | De-facto | Separated | Divorced | Widowed

Sexuality: Heterosexual | Homosexual | Bisexual | Asexual |Trans-gender

Do you have a Carer? : Yes | No

If yes, please complete the following details:
Name: _____
Contact Number: _____
Relationship: _____

Are you a Carer? : Yes | No

SECTION B - FAMILY MEDICAL HISTORY

Family Medical History: ☐ Unknown (eg. Adopted) ☐ No significant Family History

Is your: Mother alive? ☐ Yes ☐ No Age at death: _____ Cause: _____
Father alive? ☐ Yes ☐ No Age at death: _____ Cause: _____

Significant Family History:

Mother: ☐ Diabetes ☐ Heart Disease ☐ Stroke ☐ Hypertension (High blood pressure
☐ Colon Cancer ☐ Depression ☐ Breast Cancer

Father: ☐ Diabetes ☐ Heart Disease ☐ Stroke ☐ Hypertension (High blood pressure)
☐ Colon Cancer ☐ Depression ☐ Breast Cancer

Other (please list all other family members conditions and the relationship to you):

_____

_____

SECTION C - PERSONAL MEDICAL HISTORY

Do you suffer from any of the following?

☐ Heart Disease ☐ Hypertension ☐ High Cholesterol ☐ Stroke ☐ Diabetes: Type _____
☐ Asthma ☐ Epilepsy ☐ Parkinson's Disease ☐ Arthritis: Type _____

Other relevant past medical history:

_____
_____
_____
_____
_____
_____

Do you have any allergies? Yes | No If yes, please list below

_____
_____

Have you had any operations in the past? Yes | No If yes, please list below

_____
_____
_____
_____
_____

WOMEN ONLY:

Have you ever had a pap smear? Yes | No
Date of last pap smear? : _____ Result: _____

SECTION D – MEDICATIONS

** Please attachlistifrequired

Medication Name	Dose	Frequency