

## MOFFAT BEACH FAMILY MEDICAL PRACTICE

### Health Update - Existing Patients

Please complete the following information to help us provide you with the best possible care.

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### LIFESTYLE RISK FACTORS:

Smoking:

☐ Non-smoker      ☐ Smoker      No. per day \_\_\_\_\_      ☐ Ex-smoker      Quit date \_\_\_\_\_

Alcohol:

How often do you have a drink containing alcohol?

☐ never      ☐ monthly or less      ☐ 1-2 times/month      ☐ 2-3 times/week      ☐ 4 or more times/week

How many standard drinks contained alcohol do you have on a typical day?

☐ 1 or 2      ☐ 3 or 4      ☐ 5 or 6      ☐ 7-9      ☐ 10 or more

How often do you have 6 or more drinks on one occasion?

☐ never      ☐ monthly or less      ☐ monthly      ☐ weekly      ☐ daily or almost daily

Are you concerned about your drinking?      ☐ Yes      ☐ No

FAMILY HISTORY: (eg any family history of illness or chronic disease eg parent/siblings with cancer/diabetes/heart disease/asthma etc.)

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SOCIAL HISTORY: (eg marital status, children at home/left home, retired/working/unemployed - any other social information that could be relevant to your health)

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Have you had your blood pressure checked recently?      ☐ Yes      ☐ No

Are you up to date with routine screening checks?      ☐ Yes      ☐ No

(ie mammogram, pap smear, prostate check, skin check, bowel cancer screening if over 50, bone density for over 70s)

Is there any other information that you think your doctor needs to know?

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Office use only:

Date: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Waist: \_\_\_\_\_ BP: \_\_\_\_\_