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Consultant Physician
Cardiovascular & Endocrine Medicine

Suite 601, Level 6
Flinders Private Hospital
Bedford Park 5042

All appointments: 8357 5200
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Website: breastandthyroid.com.au

Medical Questionnaire

Medical History	**Year Diagnosed**

Surgical History	**Year**	**Surgeon/Hospital**

Procedures: *eg. endoscopy*	**Year**	**Doctor**

Medications	Dose	How Often

Allergies	Reaction

Side Effects to Medications	Reaction

Cigarette smoking: *Circle which applies to you*

Never

Ex-smoker Date of cessation _____ Amount smoked _____

Current Smoker How long _____ Amount smoked _____

Alcohol: *Amount per day/week/year* _____

Family History: *eg.alive – illness, deceased – cause*

Mother Maternal grandmother Maternal grandfather Aunt Uncle	
Father Paternal Grandmother Paternal Grandfather Aunt Uncle	
Children	

Living situation: *eg. own house, retirement village, etc*

_____

Help at home: *eg. with cleaning, gardening*

_____

Driving: *Circle which applies to you*

Yes No

Pets:

_____