

BLACKBURN CLINIC

195 Whitehorse Rd (Locked Bag 9), Blackburn, 3130. Phone: 9875 1111, Fax: 9875 1100

MEN'S HEALTH CHECKUP QUESTIONNAIRE

RECEPTION STAFF TO COMPLETE

Your appointment details:

Date: _____ Time: _____

File No. _____

GP name: _____

This questionnaire is required for your doctor to have a complete picture of your current health status and is required for your optimal medical care. Please fill out all details as accurately as possible. If you are unsure about a question, please ask your doctor. It will be kept with your medical history and is strictly confidential.

Please note that the "Men's Checkup" appointment is designed to screen for and identify current problems and future risk. If major issues arise these may require a further appointment. Follow up consultations may incur a charge.

For your appointment:

- wear loose clothing & sneakers or runners suitable for a **fitness test**;
- bring any **medications** that you are taking;
- bring **glasses** if you wear them (reading and distance).

We will need a **urine sample** on the day. You may provide the sample at your appointment, or:

- bring your sample in a clean jar from home; or
- collect a urine specimen jar from the clinic prior to your appointment in order to bring your sample from home.

Your appointment will include a variety of tests to be run by our **nurse** as well as time spent with the **GP**. You should expect your appointment to take **approximately One hour and fifteen minutes**.

Although most patients pay in full (as Medicare rebates are usually same day for registered bank accounts), all patients should come prepared to pay at least the gap on the day:

\$150 for Mon-Fri appointments

\$170 for weekend appointments.

Appropriate Medicare item numbers will also be billed, and Medicare will send a cheque to the patient (made out to the doctor), which must be sent on to Blackburn Clinic. (Feb 2020)

Please post the attached questionnaire to Blackburn Clinic (Locked Bag 9, Blackburn 3130) as soon as possible. Please keep this information sheet for your visit.

Your doctor will need this information 4 days prior to your appointment.

BLACKBURN CLINIC –MEN’S HEALTH CHECKUP QUESTIONNAIRE

Locked Bag No.9, Blackburn, 3130. Phone: 9875 1111, Fax: 9875 1100

IF YOU DOWNLOADED THIS FORM FROM OUR WEBSITE, PLEASE COMPLETE THESE DETAILS SO THAT YOUR FORM CAN BE FORWARDED TO THE CORRECT DOCTOR.

Your appointment details: Date: _____ Time: _____

File No. _____ GP name: _____

PATIENT DETAILS

Date questionnaire completed: _____

Name: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Marital status: _____ Date of Birth: _____

No. of children: _____ Occupation: _____

Have you had a men’s health checkup (at Blackburn Clinic) previously? No Yes, date:.....

PAST MEDICAL HISTORY

CONDITION	YES	NO	DON'T KNOW	FURTHER DETAILS
High cholesterol				
High blood pressure				
Diabetes				
Asthma				
Hay Fever				
Eczema				
Allergies				
Allergies to medications				Specify:
Epilepsy				
Stroke				
Angina				
Heart attack				When:
Heart surgery				Type: When:
Cancer				Type:
Hearing problems				
Vision problems				
Arthritis				
Kidney disease				
Rheumatic fever				
Blood disorders				
Psychiatric problems				
Chicken Pox				
Urinary tract infections				

CONDITION	YES	NO	DON'T KNOW	FURTHER DETAILS
Any operations or other hospitalisations				Please specify:
Any other medical conditions				Please specify:
Significant injuries:				Please specify:

MEDICATIONS:

List all of your current medications, with dosages if known (including non-prescription drugs): _____

Please bring any medications including Vitamins, health supplements or alternative therapies with you.

SMOKING:

Do you smoke? No Yes Do you wish to quit? No Yes
 How many cigarettes per day? _____

Have you ever smoked? No Yes When did you quit? _____
 How many years did you smoke? _____

ALCOHOL:

How often do you have a drink containing alcohol?

Never Monthly or less Once per week 2-4 times per week 5+ times per week.

A "standard drink" is defined as:
 285ml (one pot) of full strength beer 100ml (small glass) of wine
 375ml (one can) of light strength beer 30ml (one nip) of spirits

When you drink alcohol, do you consume more than 6 standard drinks?

Usually Sometimes Rarely Never

Please make an honest assessment of your average number of standard alcoholic drinks per week.

Less than 10 10 to 20 20 to 30 30 to 40 Over 40

EXERCISE:

What sports do you play?

How many times per week?

Do you do any other exercise (eg. Walking)?

How many times per week?

WHEN WAS THIS LAST CHECKED / MEASURED?

Date

Prostate check? _____

Cholesterol? _____

Result? _____

Blood pressure? _____

Result? _____

IMMUNISATIONS:

Last immunisation / vaccination of each of the following:

	No	Yes	Date	Don't know
Tetanus				
Hepatitis A				
Hepatitis B				
Polio				
Chicken Pox				
Flu				

DO YOU SUFFER FROM:

	YES	NO		YES	NO
Headaches					
Chest pains					
Shortness of breath					
Abdominal pains					
Irregular bowel habit					
Blood in bowel actions					
Poor erections					
Poor urinary flow pressure					
Back or neck pain					
Cough					
Nervousness					
Depression					
Anxiety					
Fits of anger					
Poor sleeping patterns					
Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?					
Do you have unusual sleepiness during the day?					
Has anyone observed you stop breathing during your sleep?					
Other symptoms of concern to you: (Please list)					

FAMILY HISTORY: Have any of your blood relatives suffered from:

CONDITION	YES	NO	DON'T KNOW	FURTHER DETAILS (Who & at what age)
High cholesterol				
Heart attack				
Heart surgery				
Angina				
Diabetes				
Stroke				
Glaucoma				
Prostate disease				
Blood disorders				
Haemochromatosis				
Psychiatric disorders				
Depression				
Alzheimers				
Cancer				Type: Who: At what age:

(Feb 2020)