

# BLACKBURN CLINIC

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

## WOMEN'S HEALTH CHECK 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 "Women's Health Check" 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.

(Feb 2020)

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.

***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 – WOMEN’S HEALTH CHECK 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 THE 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: \_\_\_\_\_

## 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				
Abnormal smear test				

Urinary tract infections				
Use of Hormone Replacement Therapy				
Problems during pregnancy				Please specify:
Any operations or other hospitalisations				Please specify:

**PAST MEDICAL HISTORY (con't)**

Any other medical conditions				Please specify:
Significant injuries:				Please specify:
Contraception history				Please specify:
Menstrual history (eg. Endometriosis)				Please specify:

**MEDICATIONS:**

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

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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.

<b>A "standard drink" is defined as:</b>	
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     
 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

Pap smear? \_\_\_\_\_ Result? \_\_\_\_\_

Cholesterol? \_\_\_\_\_ Result? \_\_\_\_\_

Blood pressure? \_\_\_\_\_ Result? \_\_\_\_\_

Mammogram? \_\_\_\_\_ Result? \_\_\_\_\_

**IMMUNISATIONS:**

Last immunisation / vaccination of each of the following:

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

**DO YOU SUFFER FROM:**

	YES	NO		YES	NO
Headaches			Anxiety		
Chest pains			Nervousness		
Shortness of breath			Depression		
Abdominal pains			Poor sleeping patterns		
Irregular bowel habit			Excessive shyness		
Blood in bowel actions			Fits of anger		

Period problems			Back or neck pain		
Urine leakage			Cough		
Poor libido / sexual problems			Other symptoms of concern to you		
Hot flushes					

**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				
Blood disorders				
Haemochromatosis				
Psychiatric disorders				
Depression				
Alzheimers				
Osteoporosis				
Cancer				Type: Who: At what age:

(March 2010)