Greenwood Health
20 Greenwood Street, Motueka 7120
Phone: 03 528 8866 Fax: 03 528 6331

Health Questionnaire

Welcome to Greenwood Health. If you are over 15 years of age, please complete this questionnaire. It will help us provide the best health care we can for you.

Patient Name: …… Date of Birth: ……..

Please circle the response and give details where asked:

1. Have you ever had an allergic reaction? YES NO
   If yes: what caused it and can you describe the reaction?

……

……

2. What is your smoking status?
   - Current Smoker
   - Never smoked tobacco
   - Ex-Smoker: Date stopped ……

If you are a smoker: How many cigarettes per day, or how much tobacco per week:

……..

Giving up smoking is one of the best thing you can do for your health.
Would you like help to quit? YES NO
If Yes, a nurse will contact you.

3. Do you drink any alcohol? YES NO
   If yes: How many drinks and what type of drink per week on average?

……..

4. Do you have a close relative (mother, father, sister or brother) who has had a heart attack or stroke under the age of 65?
   If yes: who was it, how old was he/she and what did he/she have?

……

……

5. Do you have a close relative who has or had:
   Diabetes YES NO
   Cancer - Before age 60 YES NO
   If yes: please give details:

……

……

Signature: …… Date:……

NB. These details will be put into your file and this piece of paper will then be destroyed.