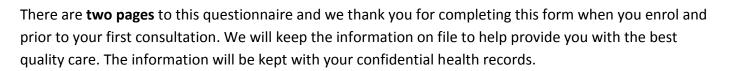
## Te Ngae Medical Centre – Patient and family medical record



Name:		Date:		
Date of birth:		If English is not your first language, do you require an interpreter		If yes, which language?
Gender (please circle) M F	🗆 yes		No	
Occupation:				

Please list your current medications:

<b>Current Medications</b> : please bring your current medications including inhalers with you to your first appointment.							
Do you have any allergies and/or reactions?		□ Ye	S		lo		
If you have answered Yes, please	specify name a	nd type of rea	ction if you k	now it:			
Other important alerts, please ir	dicate						
No Transfusions	Needle ph	Needle phobia		Sight impairment			
Hearing difficulties	Mobility d	Mobility difficulties		Special needs			
OtherIPlease identify:				Do you have a Powe Attorney? If yes, please name:	r of		
For women When did you last have a cervical smear? Approx date:	id you last ha am? te Screen Aotea	 roa	years of age, and have enrolled in BreastScr Aotearoa, would you	f you aged between 45 and 69 years of age, and have not yet enrolled in BreastScreen Aotearoa, would you like the practice to enrol on your behalf?			
Are you a current Smoker?							



Te Ngae Medical Centre – Patient and family medical record



### **Your Personal History**

#### Do you now or have you had in the past any of the following?

(please tick appropriate box)

□ Asthma	High Blood pressure	Irregular heart beat i.e., atrial fibrillation
□ Acid Reflux	Heart Attack	Stomach Ulcer
Chronic Lung Disease	Angina	Hepatitis B
Emphysema	□ Stroke	Hepatitis C
Diabetes	Depression or related	Cancer
Туре:	illness	Туре:
Other hospital Admissions	Other medical or family conditions	Operations or injuries

## Your Family Medical History –

# Do any or your first degree relatives i.e., mother, brother, child – ever suffered from?

(please tick appropriate box)

High blood pressure	Heart attack
	Who and at what age?
□ Stroke	Cancer
Who and at what age?	Who and at what age:
	Туре:
Angina	Diabetes
Who and at what age?	Who and at what age?
	Туре:
Other family medical conditions	
Please list	