**New Patient Questionnaire**

**Personal Details**

|  |
| --- |
| **Name:** |
| **Date of Birth:** | **Place of Birth:** | **NHI Number:** |

**Medications**

|  |  |
| --- | --- |
| Please list any medications you are taking. |  |
| Are you allergic to any drugs? | **NO** | **YES** (Please list) |

**Medical History**

|  |  |  |
| --- | --- | --- |
| Do you have any long-term illness or disability (e.g. heart disease, diabetes, asthma, depression, eczema etc.. | **NO** | **YES** (Please list) |
| Have you been in hospital for any other illness? Or been treated at home for any serious illness? | **NO** | **YES** (Please list) |
| Have you ever seen a Specialist about any other problem? | **NO** | **YES** (Please list) |
| Apart from any illness referred to above, have you ever had any special tests. (e.g. gastroscopy, cardiograph etc.) | **NO** | **YES** (Please list) |
| Have you, or your family, had any infectious disease (e.g. hepatitis B, hepatitis C, HIV or tuberculosis)? | **NO** | **YES** (Please list) |

**Lifestyle Information**

|  |  |  |
| --- | --- | --- |
| Do you smoke? | **NO** | **YES** Number per day |
| Have you ever smoked? | **NO** | **YES** Number per day Gave up in |
| Do you drink alcohol and if so what? | **NO** | **YES** ………....... per day……………. per week |
| Do you take recreational drugs and if so what? (e.g. party pills, methamphetamine, ecstasy, opiates etc) | **NO** | **YES** (Please list) |
| Do you or anyone in your family have a problem with gambling? | **NO** | **YES** (Please list) |
| Daily Activity (Specify type, frequency and duration |  |  |

**Family History**

Have any of your relatives (by blood) suffered any of the following? And who (i.e. mother, father, brother, aunt, etc and approximate age when they were diagnosed with illness.

|  |  |  |
| --- | --- | --- |
| Heart Disease under the age of 65 | **NO** | **YES** |
| Diabetes | **NO** | **YES** |
| Stroke | **NO** | **YES** |
| Asthma | **NO** | **YES** |
| Bowel Cancer | **NO** | **YES** |
| Breast Cancer | **NO** | **YES** |
| Other cancers | **NO** | **YES** |
| Any other inherited disease | **NO** | **YES** |

**Women Only**

|  |  |  |
| --- | --- | --- |
| Number of children | **None** | **Year Born** |
| Other pregnancies | **NO** | **YES** (please specify) |
| Contraception | **NO** | **YES** (please specify) |
| **Last Cervical Smear**(if aged 20-70) |  |  |
| Have you ever had an abnormal smear result? | **NO** | **YES** (please specify) |
| **Last Mammogram**(if aged 45-70) |  |  |
| Have you ever had follow up or treatment after a mammogram screen? | **NO** | **YES** (please specify) |

**Children Aged Under 16 Years Only**

|  |  |
| --- | --- |
| Immunisations up to date? | **Yes/No** |
| If not born in NZ, do we have a copy of immunisation records? | **Yes/No** |
| Do you attend school? If yes, which school? | **Yes/No** |

**Measurements (we will help with these)**

|  |  |
| --- | --- |
| **Height:** | **BP:** |
| **Weight:** | **Urine:** |
| **Last Tetanus:** | **BMI** |

**Terms and Conditions**

Consultation fees are indicative for standard consultations up to 15 minutes. If you have more than one issue, please book for extra time. We reserve the right to charge an additional fee for longer consultations. Our policy is one person per appointment.

If you are unable to keep your appointment with your doctor, please call us to cancel. If you are unable to attend your consultation at least 2 hours’ notice must be given.

We reserve the right to charge a non-attendance fee up to the full cost of your appointment.

“Missed Appointments” for children under the age of 14 years will be charged $10.00

Payment in full is required at the time of your appointment. You can pay by cash, EFTPOS, MasterCard or VISA.

If you are having difficulties paying an account, please contact our accounts department on

 (04) 478 9999.

It is possible to pay accounts in small manageable automatic payments, and there may be other ways we can help.

If your account is unpaid at the end of the month, and you haven’t made any payment arrangements with us, we will:

add an administration fee of $5.00

ask you to pay before you see a doctor or nurse for all appointments.

reserve the right to review your enrolment with Onslow Medical Centre

We ask that you turn off your mobile phone during your consultation as this can be a distraction.

**Heidi AI**

Heidi acts as a helpful electronic transcription tool that allows clinicians to focus on the patient during their visit while still accurately capturing medical information, to ensure a comprehensive and precise record of care. Not all clinicians at Onslow Medical Centre are using this tool at present but it is expected to become more widely used.

Heidi aligns with the New Zealand Information Privacy Principles (NZ IPPs) through compliant handling of personal information. Heidis practices are continually refined to stay in sync with the latest Privacy Standards in New Zealand.

Heidi employs a highly secured and specialised transcription process, ensuring no recordings or patient information is stored at any point.

Onslow Medical has a consent process for each patient, either verbally or written. This is documented. A poster detailing the use of Heidi is displayed in the patient wait room and information regarding Heidi is included as part of the new patient enrolment information.

Unexpected urgent problems or emergencies affecting other patients will sometimes occur and may delay the time you see your doctor. If you think you have been waiting too long please tell one of our receptionists.

**I acknowledge that I have read the above and agree with these terms and conditions**.

**Patient Name:..........................................................**

**Signature:…………………………………………**