

PROF KEFFORD HEALTH QUESTIONNAIRE

PATIENT _____

DATE _____

Email _____

GP _____

FAMILY HISTORY: If any blood relative has suffered any of the following please circle and indicate who:

Osteoporosis	Blood Clots or DVT	Breast Cancer	Ovarian Cancer
Other Cancer:			

PERSONAL HISTORY: List previous hospital admissions/operations (excl. pregnancies)

Year	Illness/Operation	ALLERGIES	Nil Known <input type="checkbox"/>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all current medications and dosage

_____	_____
_____	_____
_____	_____
_____	_____

Have you ever had:		Y	N	Y		N	Y		N
High blood pressure				Anxiety/Depression			Blood or plasma transfusions		
Heart Disease				Frequent infections or boils			Gallbladder disease		
Diabetes / High blood sugar				Nervous breakdown			Colitis or other bowel disease		
Tuberculosis				Anaemia			Jaundice or other liver disease		
Pleuritis (Pleurisy)				Epilepsy			Haemorrhoids or rectal disease		
Pneumonitis or Pneumonia				Meningitis			Bladder disease		
Arthritis or Rheumatism				Migraine Headaches			Recurrent urinary tract infections		
Osteoporosis				Concussion or head injury			Rheumatic Fever		
Broken or cracked bones				Asthma			Shingles (Herpes Zoster)		
Joint disease				Thyroid disease			Other:		
Sciatica, Back pain or Lumbago				HIV			Other:		

- Have you ever been advised to have any surgical or medical treatment which has not be done? Y N
- Have you ever had hormone replacement therapy? Y N
What type? _____ How long for? _____ years / months
- Do you smoke? Y N If no, have you ever? Y N How many per day? _____ How long for? _____
- Do you drink alcohol? Y N How many? _____ glasses per day / week OR occasionally
- Do you use recreational drugs? Y N What kind? _____ How often? _____

Weight: Now _____ One year ago _____ Maximum ever _____ When _____ **Height** _____

Date of your last pap smear ____/____/____ **Date of your last mammogram** ____/____/____

Age of first period _____ No. of pregnancies _____ No. of children _____ Date of last period ____/____/____