

## PRE-ASSESSMENT QUESTIONNAIRE

THE INFORMATION YOU GIVE IN THIS QUESTIONNAIRE IS IMPORTANT BACKGROUND FOR YOUR MEDICAL ASSESSMENT. COMPLETING THIS FORM PRIOR TO YOUR ASSESSMENT WILL ALLOW MORE TIME TO BE AVAILABLE FOR DEALING WITH YOUR MAIN PROBLEM(S).

**\* PLEASE RETURN THIS QUESTIONNAIRE TO THE RECEPTIONIST AS SOON AS YOU HAVE FINISHED FILLING IT IN.**

IF YOU ARE UNCERTAIN ABOUT ANY OF THE QUESTIONS YOU SHOULD DISCUSS THEM WITH THE DOCTOR.

**NAME:**.....

**DATE OF BIRTH:** .....

### MEDICAL AND PERSONAL BACKGROUND

1. Please list the name of your general practitioner, specialist and any other allied health practitioner(s) you have seen for your current medical condition(s).

<i>Eg General Practitioner (GP): Dr Cleo Biggs Ear nose and throat surgeon (ENT) Mr Clem Wright Chiropracter: Dr Jane Brown</i>

2. Please list all operations, hospitalisations, serious illnesses/injuries, psychological problems and any ongoing medical conditions below.

Condition/Operation	Year	Any persisting problems or ongoing treatment
<i>Eg appendicectomy</i>	<i>Approx 1978</i>	<i>None</i>

2. What medication are you currently using? (please list below)

<i>Eg Naprosyn</i>	<i>One tablet twice a day</i>

3. List any known allergies.

<i>Eg penicillin – rash</i>

4. Are you a smoker now? YES/NO

if yes, how much on average do you smoke a day?.....

if no, have you smoked in the past .....YES/NO

and when did you give up?.....19..... or 20.....

5. Do you ever drink alcohol? YES/NO

if yes, how often and how much would you drink on average?

<i>Eg 6 cans of beer twice a week, or 2 glasses of wine 3 times a week</i>

6. Briefly describe your family circumstances below.

<b>Country of birth</b>	
<b>Number and ages of children; eg 3 children, grown up</b>	
<b>Current accommodation, eg buying own home, or renting</b>	
<b>Who lives at home with you?</b>	
<b>Marital status eg married, defacto, divorced, widowed</b>	

7. Are there any serious health problems in your immediate family?

8. What are your interests away from work? (eg hobbies, sporting activities, crafts, clubs, community activities, gardening, music, reading, computer, animals, etc)

9. Have you had to limit any of these pastimes as a result of your current medical problems?

**EDUCATION & EMPLOYMENT**

What standard did you reach at school?

Highest schooling achievement, eg Year 11 incomplete,	Year	School Eg Adelaide high school,

Have you obtained any higher qualifications since leaving school?

Qualification	Year	institution
<i>Eg certificate in OH&amp;S</i>	<i>1978</i>	<i>TAFE</i>

What work have you done since leaving school?

*(please list below including periods of unemployment and "family duties").*

Period (approx) Eeg 1973-75	Employer Holden	Position held Production worker	Reason for leaving this job redundancy

What are your current hours of employment?

le hours a day..... days per week.....

Signed.....

Date: .....