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Pre-examination Questionnaire

Please complete this questionnaire as fully as possible. In order to gain a complete picture of you as a whole it is important to review information that may not seem immediately relevant to your specific issues.

The doctor will review this with you during the examination, so if you are unsure, please answer as well as you can then discuss it with the doctor.

If you wish, you can specify information to be withheld from final reports, but it may still be valuable for the doctor to have this information.

If there are questions you do not wish to answer or segments you do not wish to be revealed, please discuss this with the doctor.

You may have someone with you during the examination if you wish. If you would like someone with you but have come by yourself, please inform reception or the doctor and we will arrange someone.

Name

Date of Birth

Regular GP

Treating Specialists (if applicable)

Employer at time of current claim

-

Duration of employment there

-

Occupation/Job Title at time of injury

-

Education:

How old were you when you left school?

If you went to high school, which year did you complete?

Do you have any other formal qualifications (trade, certificate, TAFE, university etc)? Please list if so.

Work History

What past work have you performed? Please list from first to most recent. Please be as detailed as possible, but approximate years are ok if you are unsure.

Job	Year from	Year to
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Have you had any past Workers' Compensation claims in the past?

Injury	Year (approx)	Resolved or ongoing problems?
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Medical history:

Have you previously or currently had any of the following?

- High blood pressure
- High cholesterol
- Diabetes
- Heart problems
- Lung/breathing problems
- Abdominal problems
- Urinary problems
- Cancers or tumours
- Depression or anxiety
- Other psychological conditions
- Arthritis
- Other bone/muscle/joint issues
- Seizures, fits, convulsion
- Significant head injury/concussion

Details

Any other medical conditions?

Have you ever had any surgical procedures?

Date (approximate if unsure) Procedure

What medications (if any) do you take for your condition related to this claim?

Do you take any other medications?

Do you take any supplements/vitamins or over the counter products?

Do you have any allergies to medications?

Any allergies to anything else? (seafood, peanuts etc)

Do you currently smoke?

- How many years have you smoked?
- How much (on average) would you smoke per day?

If you have previously smoked,

- When did you quit?
- How long did you smoke for?

How much alcohol would you drink on an average day or week? /day /wk

Has this significantly changed recently?

Do you use any recreational substances?