

Doctor Clinic Family Practice

Patient's Name:

PHN:

Date:

General Health Check Questionnaire

What is a General Health Check?

A general health check is a routine check-up to make sure your body is working well. Even if you feel fine, it's a chance to:

- Check your blood pressure, weight, and other key numbers
- Spot any early signs of illness
- Talk about your lifestyle, stress, sleep, or anything else on your mind
- Ask questions about staying healthy
- It's all about preventing problems before they start and helping you to feel your best.

Please kindly answer all the questions below for a full Health Assessment.

Neurological/ Musculoskeletal System

YES or NO

Any New or Different Headache Symptoms?

If yes, please specify:

Any new weakness anywhere in your body?

If yes, please specify:

Any new back pain?

If yes, please specify:

Ears, Eyes, Nose and Throat

Any New or Different Eye Symptoms:

If yes, please specify:

Any changes in your sense of taste or smell?

If yes, please specify:

Any nose bleeds?

If yes, please specify:

Any sore throat?

If yes, please specify:

Respiratory System

Any Coughing?

If yes, please specify:

Do you smoke cigarettes or use tobacco (including vapes)?

If yes, please specify:

Gynecology

Any new breast symptoms?

If yes, please specify:

If over 40 years old, have you had a Mammogram within the last 2 years?

If yes, please specify:

Have you had a cervical screening/ PAP smear test within the last 3 years?

If yes, please specify:

Males and Females

Any new private male or female-related symptoms or concerns?

If yes, please specify:

Urinary System

Any problems passing urine or any urinary symptoms?

If yes, please specify:

Any blood in your urine?

If yes, please specify:

Gastrointestinal System

Any difficulty or painful swallowing of food or liquids?

If yes, please specify:

Any vomiting or nausea?

If yes, please specify:

Any Abdominal pain?

If yes, please specify:

Have you lost any weight without trying?

If yes, please specify?

Any new diarrhea or constipation in the last 6 months?

If yes, please specify:

Any blood in your stool?

If yes, please specify:

If over 50 years old, have you had a FIT test or colonoscopy?

If yes, please specify:

Mental Health/ Lifestyle

Do you often feel low, anxious, or stressed?

If yes, please specify:

Are you sleeping well most nights?

If no, please specify:

Do you drink alcohol?

If yes, please specify:

Do you have any difficulty with daily activities like walking, dressing, or climbing stairs?

If yes, please specify:

Are you up to date with your flu, COVID-19, or other recommended vaccines?

If no, please specify:

Any new medications from any other doctor/ naturopath/ online or other?

If yes, please specify:

Any new symptoms or concerns you want to discuss that were not mentioned above?

If yes, please specify:

Thank you for completing this form

- You can complete this questionnaire before your appointment or arrive 20 minutes early to complete this (take 10-15 minutes) and please bring the form with you.
- Your doctor will go through your answers with you during your appointment
- Feel free to flag any questions you want the doctor to address with you.
- Your weight, height and blood pressure will be checked before your appointment.
- Your doctor will decide to carry out all appropriate examinations required.
- You may need one or two follow-up appointments after your general check-up, depending on how many issues or concerns need attending to and a follow-up review after your blood tests.

Doctor/Assessor Only	Check
All questions assessed	
All Symptoms flagged?	
Blood Pressure checked?	
Weight and BMI calculated?	
Weight Circumference checked? (Optional)	
Comprehensive blood tests ordered?	
Follow-up Assessment booked?	
Lifestyle advice given?	