HAURAKI PHO HAURAKI PRIMARY HEALTH ORGANISATION NETWORK Matua Rōpu Hauora

Cambridge Family HEALTH your wellbeing is our priority

Name:	DOB:

Personal Health

Accidents/Injuries.....

Operations.....

Chronic Illnesses..... Allergies.....

Hereditary Diseases..... Known health problems.....

Current Medications.....

Family History

Mother's Health

Good ☐

Problem.....

Deceased (cause).....

Father's Health

Good ☐

Problem.....

Deceased (cause).....

Brother's/Sister's Health

Good ☐

Problem.....

Deceased (cause).....

Wider Family

Good ☐

Problem.....

Deceased (cause).....

Lifestyle

Exercise

Less 3x weekly ☐

More 3x weekly ☐

None ☐

Recreational Drugs

No ☐

Past Use ☐

Present Use ☐

Alcohol

No ☐

How much weekly? .....

.....

Smoking Status (please tick the space that applies for those aged 15 and over)

Smoking status is an important factor influencing health.

☐ Never smoked ☐ In the past smoked daily for more than a year but no longer smoke ☐ Currently a smoker

Females only

Do you use contraceptives? No ☐ Yes ☐ What kind?.....

Number of pregnancies?..... Any complications?.....

Any menstrual problems?.....

Your last cervical smear?..... Any abnormal smear?.....

Have you had a mammogram?..... If so, when?.....

Nursing Staff (Office use only)

Height..... Weight..... BP..... Blood Glucose..... Waist Circumference.....

Vaccinations Last tetanus..... Last flu vaccination.....

Urinalysis Albumen..... Glucose..... Blood.....