|  |  |  |  |
| --- | --- | --- | --- |
| **Given Names:** | **Surname:** | | |
| **Date of Birth:** | **Occupation:** | | |
| **Do you believe you work in a high-risk environment?** *eg; Heavy lifting/chemicals* YES □ / NO□ | | | |
| **Health Update:** *If you are* ***FEMALE*** *and aged between 20-65 years, have you had a cervical screening within the last 5 years:* YES □ / NO □ **Date of last Cervical Screening:** \_\_\_/\_\_\_/\_\_\_\_  **Are you Pregnant / Breastfeeding**: YES □ / NO □ | | | |
| **Parents:**  Mother: Living □ / Deceased □Cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father: Living □ /  Deceased □ Cause of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ALLERGIES:** *(Please list below)*  / □NIL KNOWN | | **ANY MAJOR OPERATIONS:** | |
| **EPILEPSY / FITS:**  YES □ or NO □ | | **HEART DISEASE:**  YES □ or NO □ | |
| **CANCER:**  YES □ Type:\_\_\_\_\_\_\_\_\_ / NO □ | | **KIDNEY DISEASE:**  YES □ or NO □ | |
| **DEPRESSION / ANXIETY:**  Depression □ / Anxiety □ / Not applicable □ | | **EMPHYSEMIA / BRONCHITIS / ASTHMA:**  YES □ / NO □ | |
| **DIABETES:**  Type 1 □ / Type 2 □ / Not applicable □ | | **HIGH / LOW BLOOD PRESSURE:**  High □ / Low □ / Not applicable □ | |
| **OTHER:** | | **HIGH CHOLESTEROL:**  YES □ / NO □ | |
| **Current Medications and Dosages: (especially Warfarin or Aspirin, include vitamins and non-script items)** | | | |
|  | | | |
|  | | | |
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|  | | | |
| **Have you had a Care Plan within the last year?** YES □ / NO □ | | | **Have you had a Mental Health Plan within the last year?** YES □ / NO □ |
| **Do you smoke cigarettes –** YES □ / NO □ If Yes – Year Started \_\_\_\_\_\_\_\_ Number per day\_\_\_\_\_\_\_  **Do you consume alcohol –** YES □ / NO □ If Yes – Year Started \_\_\_\_\_\_\_\_ Number per day\_\_\_\_\_\_\_ | | | |

**ACKNOWLEDGEMENT:** I hereby confirm that the above information provided is true and correct.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**