

Childers Doctors Surgery

Dr Esteban Mondia
 Dr Eunice Woo
 Dr David Pratt

3 Ashby Lane
 PO Box 322
 Childers QLD 4660
 Phone: 4126 1635 Fax: 4126 2794

Patient Details: General Practitioner Sheet		Date:
Surname:	Given Names:	
Date of Birth:	Occupation:	
Do you believe you work in a high risk environment? eg; Heavy lifting/chemicals YES <input type="checkbox"/> NO <input type="checkbox"/>		
Details:		
Health Update: If you are FEMALE and aged between 20-65 years, have you had a PAP SMEAR within the last 4 years: YES <input type="checkbox"/> NO <input type="checkbox"/> Are you Pregnant / Breastfeeding YES <input type="checkbox"/> NO <input type="checkbox"/>		
Parents:		
Mother: Living: <input type="checkbox"/>	Deceased: <input type="checkbox"/>	Cause of death:
Father: Living: <input type="checkbox"/>	Deceased: <input type="checkbox"/>	Cause of death:

Please indicate if you (or a family member) suffer from any of the following conditions:	
ALLERGIES:	HIGH / LOW BLOOD PRESSURE:
EPILEPSY / FITS	HIGH CHOLESTEROL:
CANCER:	HEART DISEASE:
DEPRESSION/ANXIETY:	KIDNEY DISEASE:
DIABETES: If so what type?	EMPHYSEMA / BRONCHITIS / ASTHMA:
Other:	Any Major operations:

Current Medications and Dosages: (especially Warfarin or Aspirin, include vitamins and non-script items)	
Do you smoke cigarettes – YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes – Year Started Number per Day	
Do you consume alcohol – YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes – Year Started Quantity Per Week.	

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