

Well Man Health Check

Please help our doctor by completing the following information about yourself and bringing a printed and completed form with you to your appointment.

Appointment Date: _____

About Yourself

Name _____ Date of Birth _____

Occupation _____ Age _____

Are there any specific questions or concerns about your health you would like answered?

Do you smoke? If so, how many a day? _____ How many units of alcohol per day? _____

Your Past and Current Medical Health *(leave question blank if answer is NO)*

Please advise us of any prior or current medical problems:

Please advise us of any surgical operations you may have had:

Please let us know if you have ever been admitted to Hospital and why:

Please let us know if you have ever been referred to a specialist and for what reason:

Family Medical History *(Please note their state of health, age (if alive) or cause and age of death)*

Maternal Grandparents: _____

Paternal Grandparents: _____

Parents: _____

Brothers / Sisters: _____

Children (include sex) _____

Doctors Notes