LEESTON
MEDICAL CENTRE

PRE- REGISTRATION FORM

The aim of this document is to receive accurate notes that will help optimise your healthcare plan. This form will be reviewed by our Nurse to ensure individual current and preventive health needs are added to your health records. Please do have the relevant documents available, when requested.

FULL NAME: ____ **Date of Birth:** ______________________

Immunisation History:

Country of Vaccination: ____________________________
Vaccination Record attached: ☐ YES

Last Tetanus vaccination date: _____ /_____ /________
Or unknown: ☐

Childhood vaccination received:
6 weeks : ☐
3 months : ☐
5 months : ☐
15 months: ☐
5 years : ☐
11 years : ☐
Unknown : ☐

Medications and Allergies:

Are you allergic to any medications?

NO ☐ YES ☐

Please list, and describe the reaction:

____

____

Current regular Medications:

____

____

Other Allergies?

Details: ________________________________

Past Medical History: **Have you ever had?**

☐ NO ☐ YES - Diabetes
(Please circle) Controlled by diet/tablets/insulin.
☐ NO ☐ YES - Lung disease
(Please circle) Asthma/ Emphysema/ Chronic Bronchitis.
☐ NO ☐ YES - High blood pressure
☐ NO ☐ YES - Heart Disease
(Please circle) Angina / Heart attack / Heart failure?
☐ NO ☐ YES - Cancer
☐ NO ☐ YES - Depression or mood disorder
☐ NO ☐ YES - Thyroid problems

☐ NO ☐ YES - Operations
If yes, please state the details and date:______________
____

Screening History (Female):

Last Cervical Smear done (year): __________________

Previous abnormal smear: YES ☐ NO ☐

Mammograms: (Women only aged 45-70 yrs)

Consented ☐ Declined ☐

Last Screening done (year): ______________________

Jadelle or IUD placed (If yes, date): ________________

Family History:
Has your mother, father, brother, sister suffered from heart disease, diabetes, cancer or any other serious health problems?
YES ☐ NO ☐

If yes, please specify: ____________________________

____

Approximate age occurred: _______________________

Alcohol Consumption:

Do you drink alcohol? YES ☐ NO ☐

If yes,
How many nights on an average week? ______________

How many units per session? _______________