

Medplus Well Man Questionnaire

NAME _____

Date _____ of _____

Birth _____

Medical

Please list any medical conditions or health issues you have. If you would like to discuss any of these at your appointment, place a tick in the column on the right.

Condition / issue	How it affects you	Discuss?

Please list any medications that you take. Not taking or forgetting to take medication is common – please indicate how often you might miss a dose.

Medication name	How often do you take it? <i>e.g. weekly, daily, 2x a day</i>	How often a dose is missed? <i>e.g. monthly, weekly, daily</i>

Do you have any questions or concerns about your medications?

Tip: Healthnavigator.org.nz is an online resource written by doctors, for patients. It has information for most common medications, including how they work, why they are prescribed, and what side effects they have.

Please list any allergies you have (this can be to medication or other things)

Medication or substance	What happens to you if exposed? <i>Please indicate if you have been to hospital for this reaction</i>	When was the last time this happened?

Please describe any medical conditions that run in your family. We particularly want to hear about conditions occurring in more than one relative, or before the age of 60.

Lifestyle

What is your occupation?

Tip: a tetanus booster is recommended for everyone at age 45. Annual flu vaccination is also recommended, especially for those who work with potentially vulnerable people (eg teachers, healthcare workers, police).

Do you smoke or vape?

If yes, how much:

Tip: the average smoker in NZ dies 6 years earlier than the average non-smoker, but most of this difference goes away if people stop smoking in their 40's. You can talk to your GP or check out quit.org.nz for help.

How much alcohol do you drink in an average week?

Tip: it is generally recommended for men to drink less than 15 standard drinks per week, as drinking more than this can lead to multiple long-term health conditions. You can find out more at alcohol.org.nz

Do you take any other recreational drugs?

How many days a week would you eat at least 5 servings (about a handful) of fruit and vegetables?

How often do you consume sugary food (e.g. chocolate, biscuits) or drinks (e.g. juice, soda)?

How many days a week would you normally do at least 20 minutes of vigorous physical activity (eg jogging, heavy lifting, fast cycling)? _____ days

How many days a week would you normally 30 minutes of moderate physical activity (eg mowing lawns, carrying light loads, brisk walking)? _____ days

Tip: local and international guidelines recommend 75 minutes of vigorous or 2 and a half hours of moderate intensity exercise per week

Do you have trouble sleeping? No ☐ Yes ☐ → specify:

Tip: check out Health Navigator's page on "common sleep problems" or click this [link](#)

Tip: You can ask to chat to a health coach by calling the Medplus reception. These are professionals who can discuss practical ways of maintaining a healthy lifestyle with you in person, or over the phone. This is a completely free service.

Symptom check

Do you experience any of the following? If yes, note any triggers (eg exercise, overnight, winter-time)

- Chest pain: No ☐ Yes ☐ → triggers:

- Shortness of breath: No ☐ Yes ☐ → triggers:

- Ankle swelling: No ☐ Yes ☐ → triggers:

- Palpitations (sense of heart racing): No ☐ Yes ☐ → triggers:

- Faints or loss of consciousness: No ☐ Yes ☐ → triggers:

- Pain in abdomen or tummy: No ☐ Yes ☐ → triggers:

- Headaches: No ☐ Yes ☐ → triggers:

In the last year, have you had any

- Change in bowel habit: No ☐ Yes ☐
- Blood in your poo: No ☐ Yes ☐
- Coughing up blood: No ☐ Yes ☐
- Unintentional weight loss: No ☐ Yes ☐
- Night sweats: No ☐ Yes ☐

Do you have any skin problems or moles you are concerned about?

Tip: You can call Medplus to book a full body skin check. This is a half hour appointment with a doctor.

How is your emotional quality of life now, with 100 being perfect and zero being worst imaginable?

During the last month, have you

- often felt down or depressed? No ☐ Yes ☐
- had little pleasure or interest in doing things? No ☐ Yes ☐
- often felt nervous, anxious or on edge? No ☐ Yes ☐
- not been able to stop or control worrying? No ☐ Yes ☐

How often do you have to get up in the night to pass urine? _____ times

Do you have any other problems with passing urine? No ☐ Yes ☐ → specify:

Tip: prostate cancer screening is complex. It depends on the preferences and risk factors of the individual. This can be discussed at your appointment. You can read more about prostate cancer testing kupe.net.nz

If aged between 60 and 74, when was you last bowel cancer screening test? _____

Tip: bowel cancer screening requires a poo sample. A kit will be mailed to you which allows you to collect a sample. The sample is then mailed back. If the sample raises concerns, a colonoscopy will be arranged. If you are aged 60 to 74 and have not received a kit, you can call the screening programme on 0800 924 432.

Do you snore at night? No ☐ Yes ☐

Do you find yourself easily tired or able to fall asleep during the day? No ☐ Yes ☐