

DR STEVEN K. MORAN

MB BS FRACP FRCPA

**CONSULTANT PHYSICIAN IN CLINICAL HAEMATOLOGY
AND HAEMATO-ONCOLOGY**

THE POCHE CENTRE
LEVEL 3, Ste 7, 40 ROCKLANDS RD
NORTH SYDNEY NSW 2060

Telephone: (02) 9957 7744

Facsimile: (02) 9954 0808

PATIENT QUESTIONNAIRE – First Visit

I have been asked to see you in consultation. The process will entail answering a series of questions, followed by a physical examination, an explanation of the findings and organization of any relevant tests and treatment. You should bring x-rays, scans, test results, medication list, and letters to the appointment.

In addition, in order to assist in the above process I would be grateful if you could fill in the following questionnaire in your own time prior to the consultation. Please answer all questions in block letters using a blue or black pen. If you have access to a fax machine it would be helpful if you fax your completed questionnaire prior to the appointment on 9954 0808 (and bring the original with you). Initial consultation is 45 minutes and subsequent appointments are 20 minutes duration.

Personal details:

Surname:

Date of birth:

Address:

GP (Family Doctor):

Given name:

Age:

Country of birth:

Date of Appointment:

Current & Past Health Problems & Operations: (apart from the reason for which you are seeing Dr. Moran). Please list or attach separate page if required:

1.

2.

3.

4.

5.

6.

7.

8.

Have you ever received a blood transfusion? **YES/NO** Donated blood? **YES/NO**

Medications: Please include all tablets, injections, puffers, herbs, vitamins, supplements, patches and creams)

Have you EVER smoked? **YES / NO** Age started: Stopped:
What was the average number of cigarettes you smoked per day?

Do you drink alcohol? **YES / NO** If yes, what type of drinks and how many drinks per day or week on average.

Diet: How many times per week on average do you consume the following:-

Red meat.....Chicken/Fish.....Vegetables.....Fruit.....

Family History: Is there any family history of the following? Please circle:-

Anaemia	Liver disease	Bleeding
Diabetes	Abnormal Blood Counts	Leukaemia
Lymphoma	Myeloma	Other blood disorders
Cancer		

Current occupation:

Previous occupation:

Current problem: What is the problem for which you are seeing Dr. Moran? (In brief)

In the last six months have you experienced any of the following – please circle:

Fevers	Chills	Sweats
Weight loss- How much?	Nose bleeds	Rigors (shaking with fevers)
Gum bleeds	Any other bleeding	Generalised itchininess
Lumps	Broken bones	Bone pain

Details:

Any other symptoms?:

Thank you for your time in completing this questionnaire. If you have any specific questions that you would like me to answer at the time of consultation please write them on page 3. I will go into further details regarding the above during the consultation.

STEVEN MORAN

