






# Healthicare

Healthicare is always looking for ways to improve the quality of care that we provide to you, so from time to time we ask you to complete questionnaires like this.

The answers you provide help us to advise you about your health and wellbeing.

Please hand the completed questionnaire to the health professional you are seeing today.

Please do not hesitate to ask if you have any questions.

Wellbeing Questionnaire						
Name:			Date:			
DOB:						
Alcohol and Smoking						
Full Strength Beer 285ml 4.8% Alcohol	Low Strength Beer 425ml 2.7% Alcohol	Pre-mix Spirits 330ml 5% Alcohol	Wine 100ml 11.5% Alcohol	Spirits 30ml 40% Alcohol	These amounts are indicative of a standard drink of alcohol	
						
1. How many times a week do you generally drink alcohol?	Less than once	Once a week	Three times a week	On weekends only	Nearly every day	
2. If you drink alcohol, how many drinks do you normally have in a day?	Usually one	2	3	4 or more		
3. <b>In the past year</b> For Females: How many times have you had 3 or more drinks containing alcohol in a day? For Males: How many times have you had 4 or more drinks containing alcohol in a day?	Never	Less than once a month	Monthly	Weekly	Daily or almost daily	
4. How many times have you used a recreational drug or used a prescription medication for non-medical reasons?	Never	Less than once a month	Monthly	Weekly	Daily or almost daily	
5. Smoking Status	Non – Smoker	Ex-Smoker Year Started: Year Ended:			Smoker Cigarettes per day:	

Healthicare Wellbeing Questionnaire for New Patients Version 1.0. 22.1.2024  
This form complies with the RACGP Standards for general practices (5th edition).

Healthicare. Neighbourhood Health Hub  
Blacktown International SportsPark  
Gate A, 81 Eastern Road  
Ground Floor, Blacktown Exercise Sports & Technology Hub  
Rooty Hill NSW 2766

T: 1800 828 828  
E: [admin@healthicare.com.au](mailto:admin@healthicare.com.au)  
W: <https://healthicare.org.au>

## Wellbeing Questionnaire

Name:

Date:

DOB:

## General Health

6. Intentional physical activity (30 mins or more per day)	Not at all	1-2 times a week	2-4 times a week	4-6 times a week	Everyday
7. In general, how would you rate your health?	Very Poor	Poor	Fair	Good	Very Good
8. Do you have any allergies? If so, please specify and provide the reaction.					
9. Are you a carer?	Yes		No		
If so, who do you care for?					
10. Are you being cared for?	Yes		No		
If so, who cares for you?					
11. Do you have a healthcare card or pension card? If yes, please write down or provide reception the number					

## Family History

(Nb close relatives are parents, children, brothers, sisters, grandparents, aunts, uncles)

	Yes	No
12. Have any of your close relatives had heart disease before 60 years of age? <i>Heart disease includes congenital heart disease, angina, heart attacks, narrowing of the arteries around the heart</i>		
13. Have any of your close relatives had diabetes? <i>Diabetes is also known as type 2 diabetes or non-insulin dependent diabetes</i>		
14. Do you have any close relatives who had melanoma?		
15. Have you had any close relatives had bowel cancer before 55 years of age?		
16. Do you have more than one relative on the same side of the family who had bowel cancer at any age? <i>Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren</i>		
17. Have any of your close male relatives had prostate cancer before 60 years of age?		
18. Have any of your close female relatives had ovarian cancer?		
19. Have any of your close relatives had breast cancer before 50 years of age?		
20. Do you have more than one relative on the same side of your family who has had breast cancer at any age? <i>Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, nieces, nephews and grandchildren</i>		