

DR PETER WU
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RESPIRATORY & SLEEP DISORDERS SPECIALIST

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NEW PATIENT QUESTIONNAIRE

THANK YOU FOR COMPLETING THE FOLLOWING QUESTIONS. THE INFORMATION IS STRICTLY CONFIDENTIAL AND WILL AID YOUR SPECIALIST DURING YOUR APPOINTMENT.

Name -----
Date of Birth -----
Country of Origin -----
Family Members living at home -----

What medical problems have you had in the past and around when were they diagnosed?

Asthma -----
Emphysema / COPD / Bronchitis -----
Sleep apnoea -----
Other lung disease & Tuberculosis -----
Heart Disease -----
Blood Pressure -----
High Cholesterol -----
Diabetes -----
Neurological Diseases/strokes -----
Sinus disease -----
Reflux & stomach ulcers -----
Cancer -----
Others -----

Please list all medications including puffers that you currently take?

Have you stopped any medications recently?

Do you have any known medication allergies?

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Have you ever smoked? Yes / No
If yes then.....
How old when you started -----
How old when you stopped -----
Approximately how many cigarettes / day -----

How many standard drinks of alcohol would you consume on average per day?

0 1 – 2 3 – 4 >4

Are there any conditions that run in your family (e.g. heart disease, cancer, asthma, emphysema)?

Work related dust exposures can be important for respiratory conditions. Can you list any jobs you have done that may have exposed you to dusts / fumes / chemicals? Can you list approximate dates also.

Job -----	When -----
Job -----	When -----
Job -----	When -----
Job -----	When -----

Do you have any hobbies that could expose you to dusts / chemicals?

Please list any pets including birds at home.

Are you up to date with your cancer screening tests (e.g. breast, prostate etc)?

Have you had the ‘flu’ vaccine in the last year? Yes / No

Have you had the ‘pneumonia’ vaccine in the last five years? Yes / No
