

Sydney Functional Medicine

New Patient questionnaire

Title: _____ Date of Birth: _____

First Name(s): _____ Last Name: _____

Street: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Medicare #: _____ Patient Reference #: _____

Medicare Expiry: _____

Next of kin: _____

Relationship: _____ Contact #: _____

Main Health Complaints:

Allergies, intolerances and sensitivities

Allergy _____
(e.g., asthma, hay fever, eczema) and medications allergy

Intolerances _____
(e.g., lactose, gluten, sugar)

Sensitivities _____
(e.g., MCS, EMF, light, sound)

Toxin exposures:

Chemicals
(e.g., Pesticide /Herbicides, solvents, Heavy metals, Amalgams)

Biotoxins
(e.g., Mould, Tick Bite illness)
Have you lived in a Water Damaged building?

Family History of significant diseases/conditions

Mother's side _____

Father's side _____

Siblings _____

Children _____

Dietary history

Current dietary type _____
(e.g. Vegetarian, vegan, keto, Paleo, etc)

Alcohol use _____
(Current & past and type)

Coffee / caffeinated drinks _____

Sugar intake _____
(Current, past & maximum)

Current Weight

Height

BMI

Lifestyle history

Travel history _____
(Any Travel related Illness)

Exercise _____
(Type, frequency, etc)

Smoking history _____
(Years & number of cigs/per day)

Sleep habit _____
(Average hours, restfulness, problems)

**Stress Triggers &
How would you rate your stress level on 1-10 scale?**

Occupations
(Past & present)

Current and recent treatment / management

Prescription and other medications:

Complementary Medicines
(Herbs, supplements, etc) _____

Past Treatments

Medications _____
(e.g., antibiotics, PPIs, NSAIDs etc)

Hospitalisations _____
(e.g., reasons and year)

History of:

Diabetes _____

Epilepsy _____

CFS/FM _____

Liver disease _____

Heart disease _____

Kidney disease _____

High blood pressure _____

Recurrent infections
(Early childhood/Teen Adult Years)

Urinary infections _____

Auto-immune disease _____

Digestive problems _____

Fluid retention _____

Overuse of Antibiotics –YES NO

How did you hear about us? _____

Please forward any relevant blood tests and imaging results done in recent past / or advise us of the name of the lab where tests were done so we can download these ahead of your appointment.