

Questions for Patients



phn
WESTERN VICTORIA

An Australian Government Initiative



Access
Your
Supports

**Initiative funded
through the
Australian
Government's
PHN Program
2025-2026**

The doctor or nurse will ask you questions about your health.



You can indicate if you have the problem.



Yes

You can indicate if you do not have the problem.

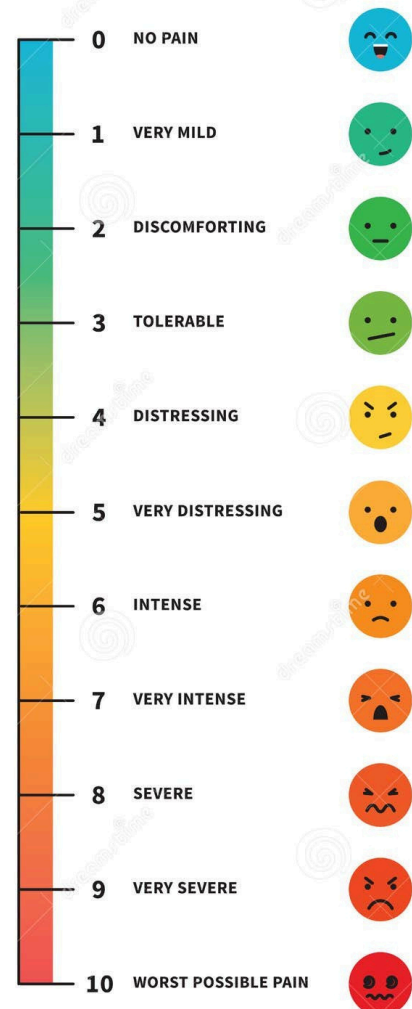


No

You can indicate if you are unsure or don't understand.



Unsure



Do you cough?



Do you cough up blood?



Do you have a runny nose?



Do you cough up green or yellow stuff?



Do you get short of breath??



Do you wheeze?
Does your breathing make a squeaky noise?



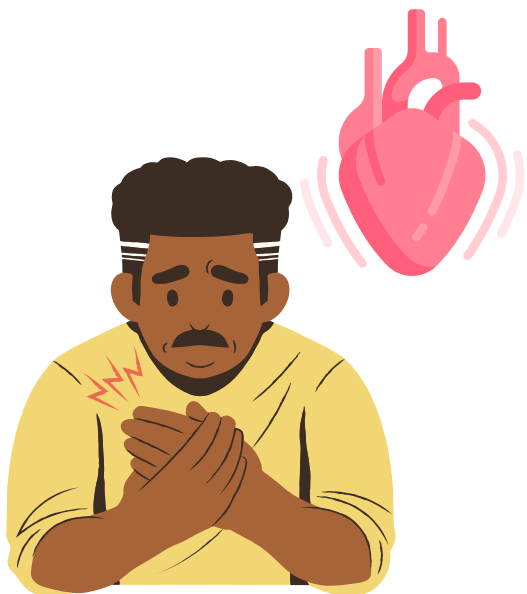
Do you have a heart disease that you have had from birth?



Do you have chest pain?



**Does your heart
race or beat
quickly?**



**Do your ankles
swell?**



**Do you get short of
breath while lying in
bed?**



**Do you have a blue
tinge to your skin?**



Do you have joint pain or back pain?



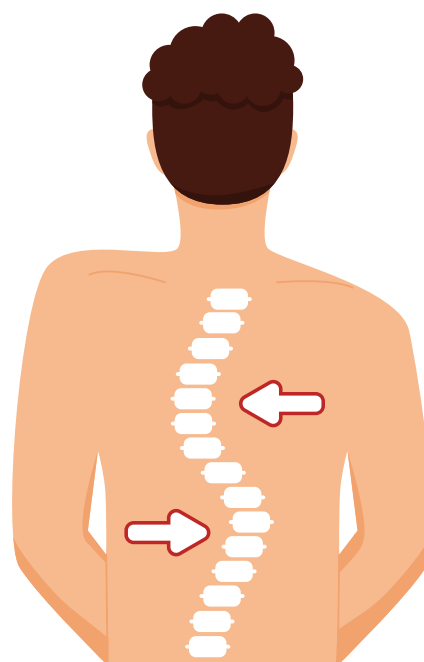
Do you have muscle pain or weakness?



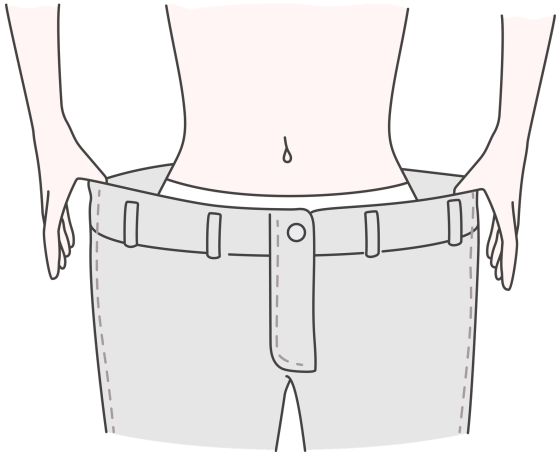
Do you use walking aids or orthotics?



**Do you have scoliosis?
(A curved spine?)**



Have you lost weight?



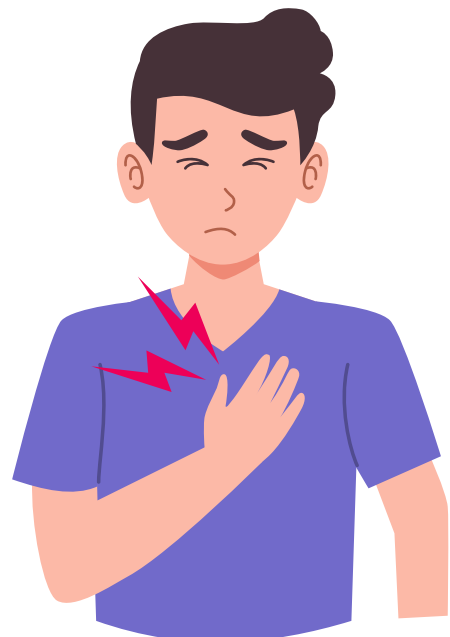
Do you have trouble swallowing?



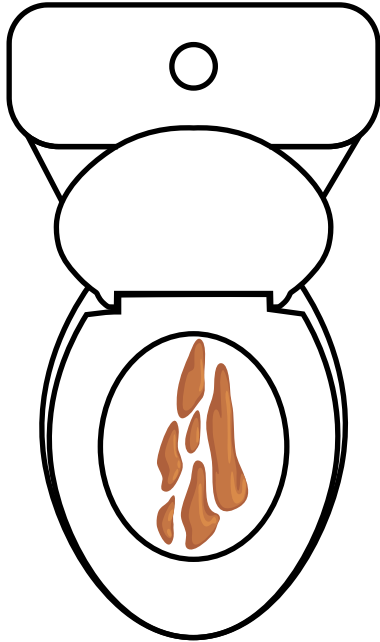
Do you vomit?



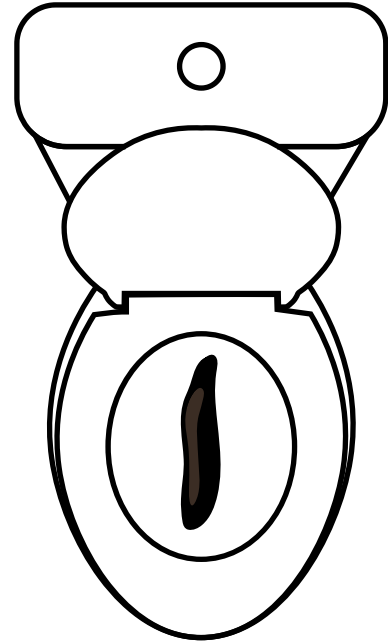
Do you get heartburn?
(Pain from reflux)



Do you have diarrhoea?
(Runny poo)



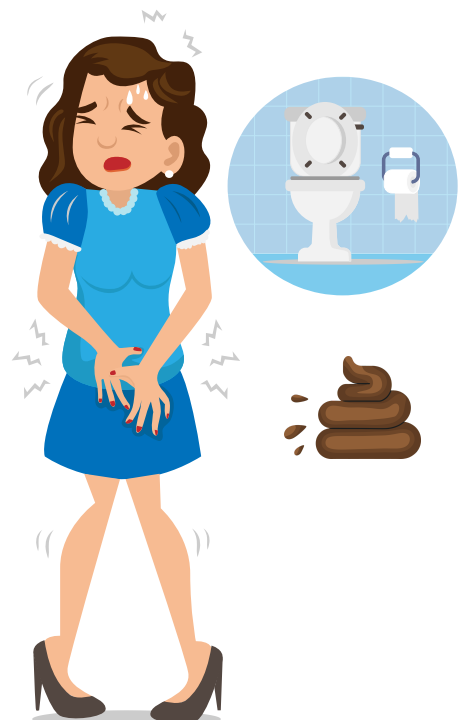
Do you have black poo?



Do you get constipated?
(Hard poo that is difficult to pass)



Do you lose control of your bowel motions?
(Do you have poo accidents?)



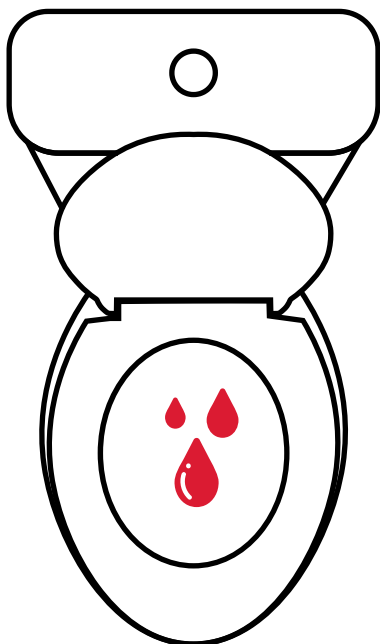
Do you have stomach pain?



Do you have pain when passing urine (wee)?



Do you have blood in your urine (wee)?



Can you take care of your toileting needs?



**Do you urinate (wee)
more than in the
past?**



**Do you have
headaches?**



Do you faint?



**Do you feel unsteady
when walking?**



Do your arms or legs become weak?



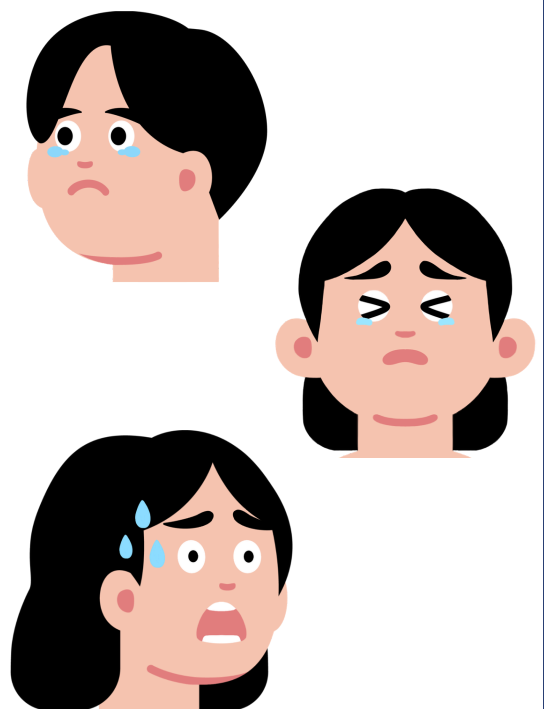
Do you have tingling or strange feelings in your skin?



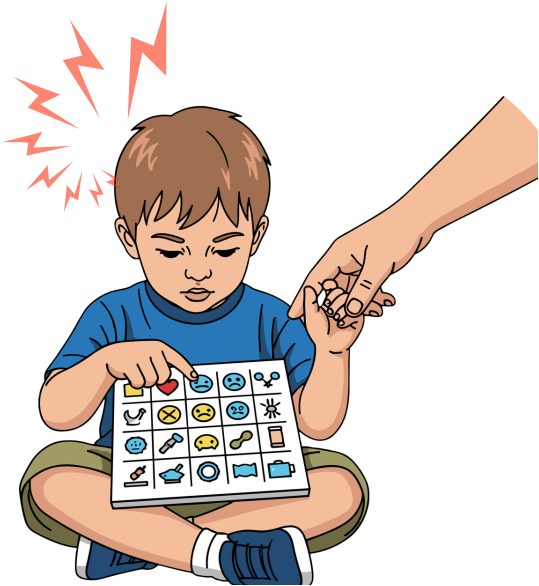
Do you have any skin disease or rash?



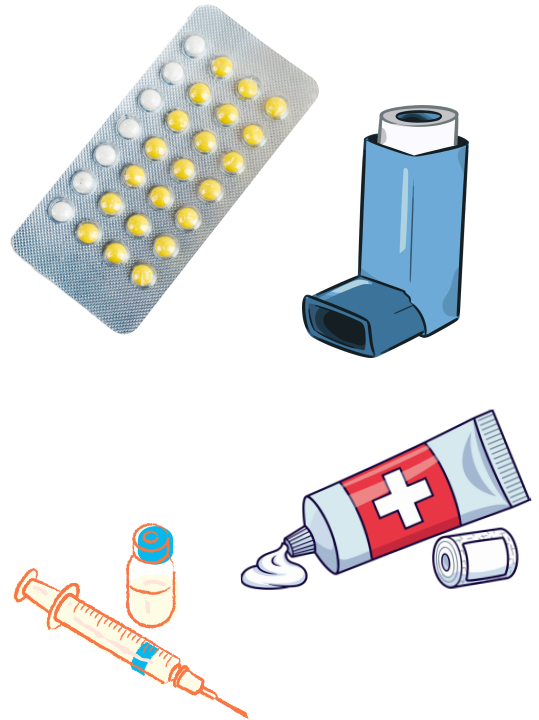
How do you react to pain?



**How do you
communicate pain?**



**What medications do
you take?**



**Do you take any
supplements that a
doctor did not
prescribe?
(Like vitamins)**



**Do you have any
allergies?**



**Do you have any
problems sleeping?**



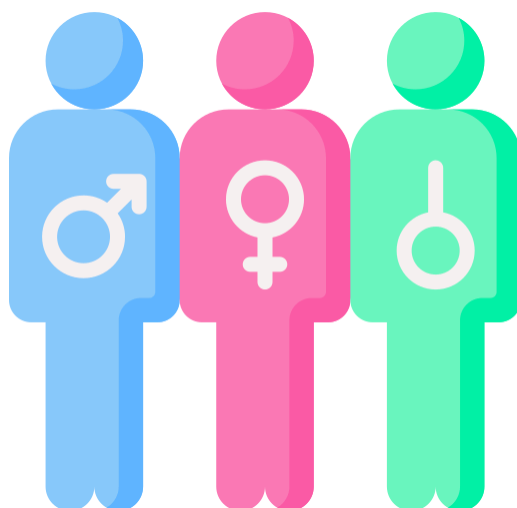
**Do you know your
cause of your
intellectual
disability?**



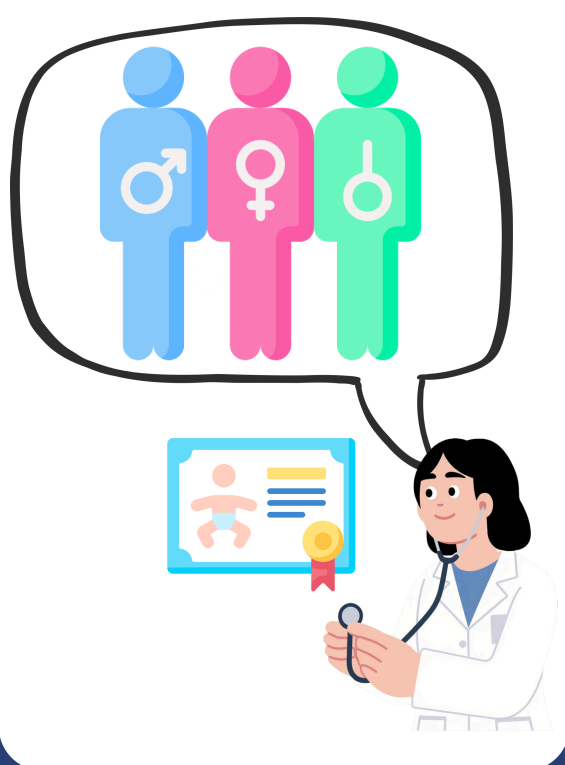
**Have you ever had
epileptic seizures?**



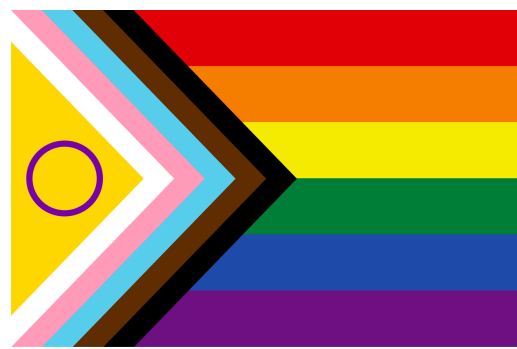
**What is your gender
identity?
(Male, female, other?)**



**What sex was listed
on your birth
certificate?**
(Male, female, other?)



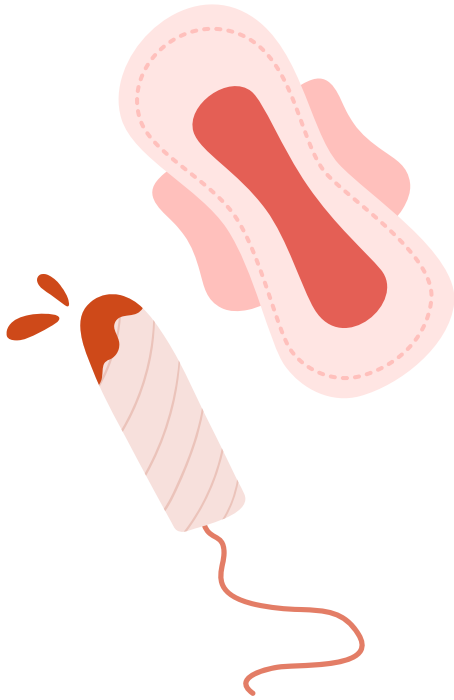
**Do you identify as
LGBTQ?**



**Have you ever been
sexually active?**



**Do you have
menstrual periods?**



**Do you care for your
periods yourself?**



**Do you use an
implanon for
contraception?**



**Do you use an IUD
for contraception?**



**Do you take the
contraceptive pill?**



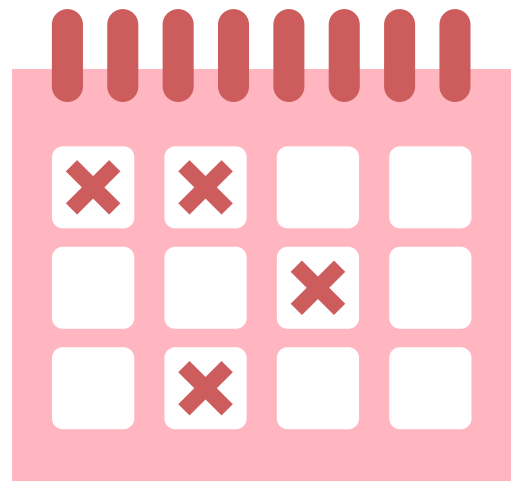
**Do you use any other
contraceptive
method?**



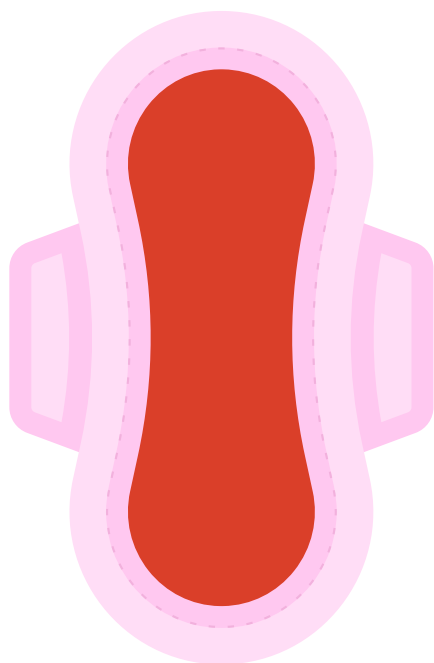
**Do you have pre-
menstrual
syndrome?**



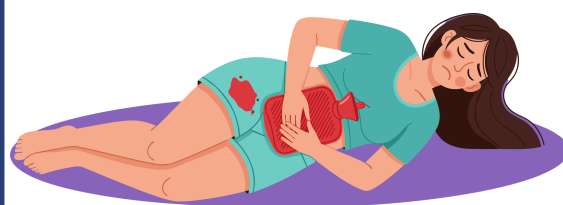
**Do you have
irregular periods?**



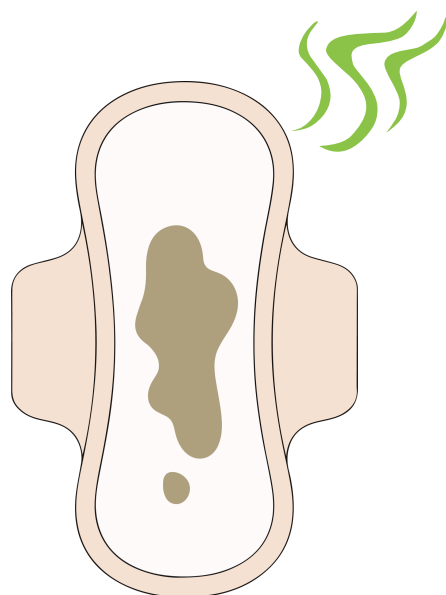
Do you have heavy periods?



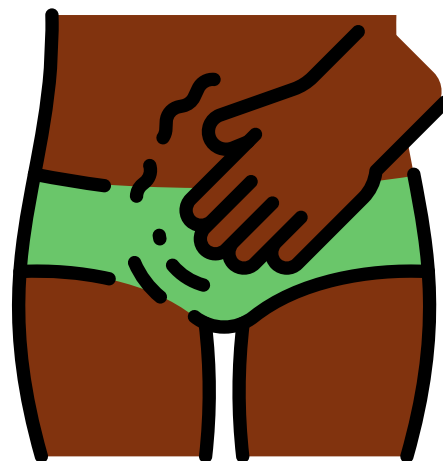
Do you have very painful periods?



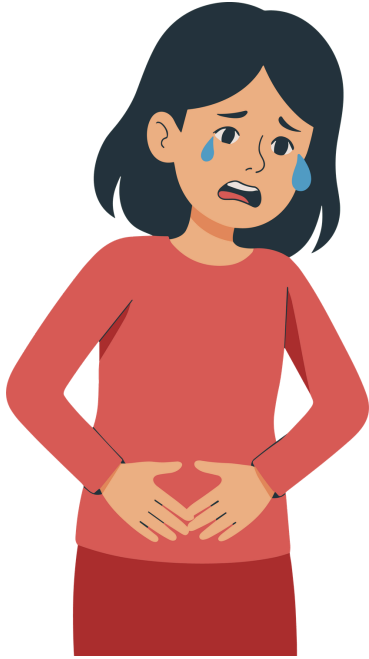
Do you have abnormal vaginal discharge?



Do you have vaginal irritation?
(Pain or itchiness)



Do you have pelvic pain?



Do you have menopausal symptoms?
(hot flashes, irregular periods, night sweats etc.)



Have you had an HPV test?
(Test for sexual virus)



Have you had a cervical screening?
(Pap smear)



**Have you had a
mammogram?
(Breast screening)**

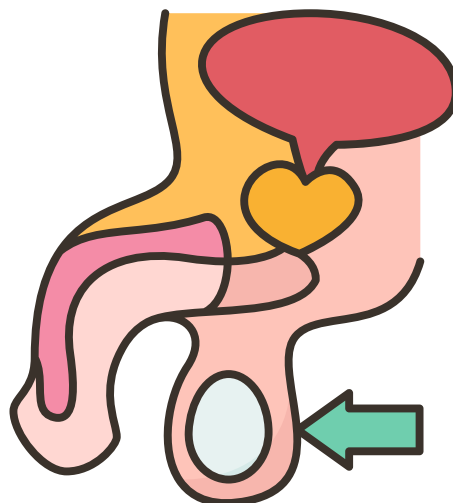


Do you have any problems with your penis?

(Sores, scars, discharge, itchiness, pain)



Are both of your testes in the scrotum?



Do you have any erectile dysfunction?

(Do you have any problems getting an erection?)



Do you have behaviours of concern?



Do you have any mental health problems?



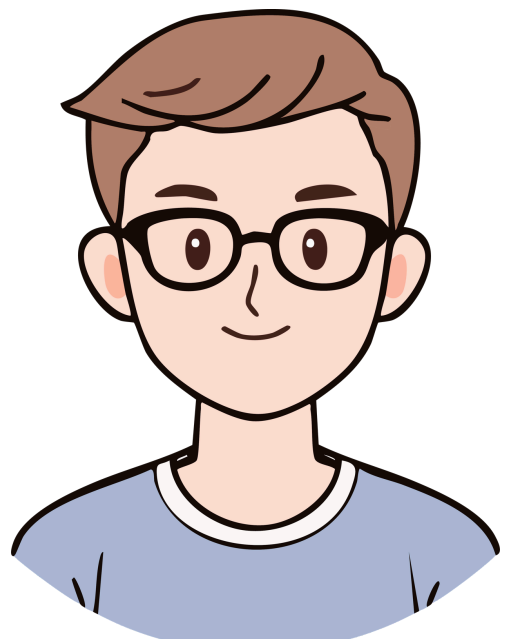
Do you have any problems seeing?

(Has anyone else said you might have a problem?)



Have you ever been prescribed glasses?

(Do you wear them?)



Have you had a vision test?



Do you have any problems hearing?
(Has anyone else said you might have a problem hearing?)



Have you ever been prescribed a hearing aid?

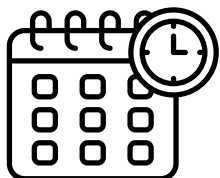
(Do you wear it?)



Have you had a hearing test?



When did you last go to the dentist?



Have you had a blood pressure check?



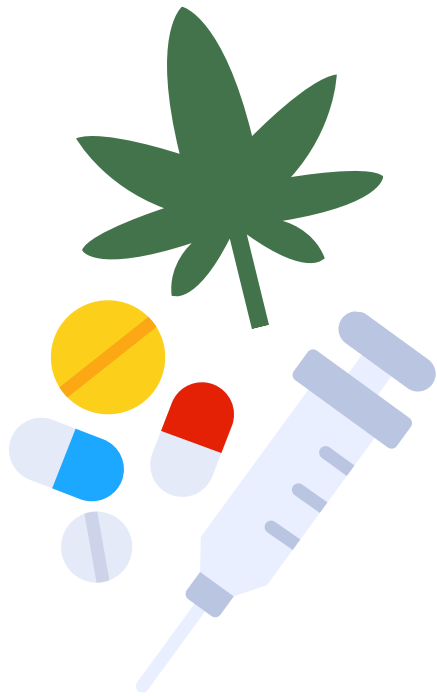
Do you smoke cigarettes or vape?
(How many per day?)



Do you drink alcohol?
(How many drinks do you have in a week?)



Do you use recreational drugs?



Have you had a thyroid test?



Have you had a vitamin D test?



Have you had a bowel cancer test?



Have you had a diabetes test?



Have you had a skin check?



Have you noticed any mobility changes over time?



Has there been any decline in your ability to do things for yourself?

(Has anyone else said you might have a problem doing things for yourself?)



Are you physically active?



Do you have any abnormal eating behaviours?

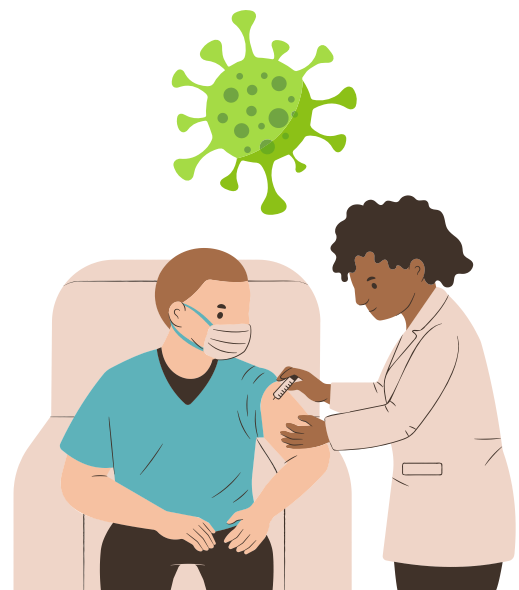


Are there any concerns about what you eat?

(Has anyone else said there might be a problem?)



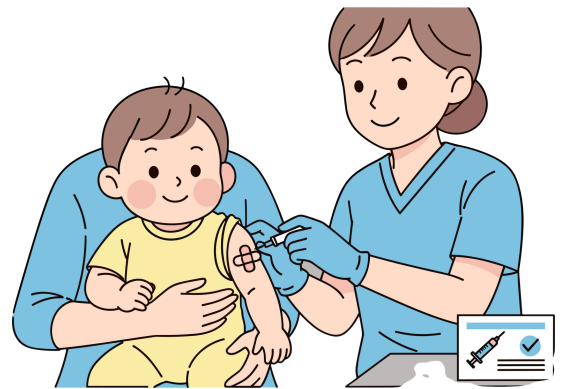
Have you had a COVID-19 vaccination?



Have you had a flu vaccination?



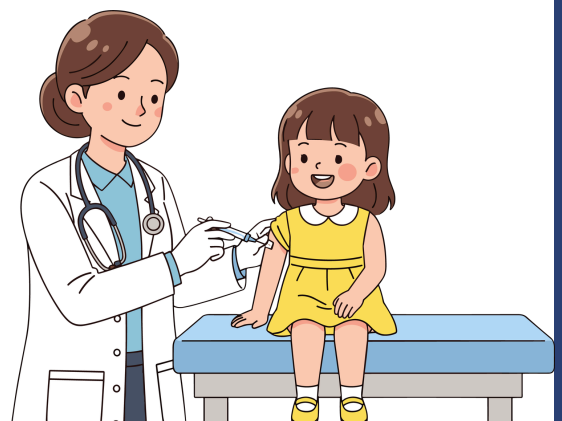
Have you had a tetanus/diphtheria/pertussis vaccination?



Have you had a hepatitis A&B vaccination?



Have you had a pneumococcus vaccination?



Have you had a meningococcal meningitis vaccination?



Have you had a measles, mumps, rubella vaccination?



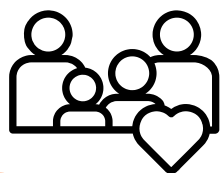
Have you had a HPV vaccination?



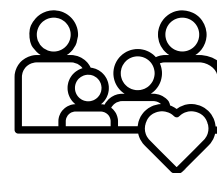
Have you had a shingles / herpes zoster vaccination?



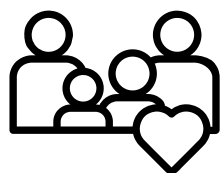
Does anyone in your family have diabetes?



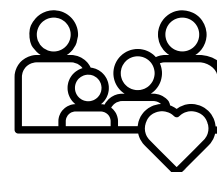
Does anyone in your family have mental health problems?



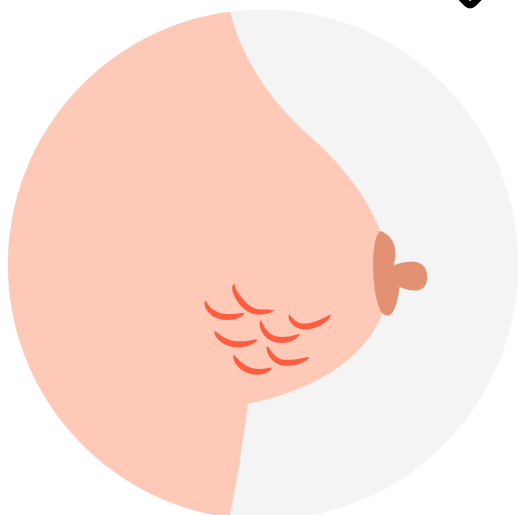
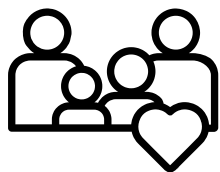
Does anyone in your family have heart disease?



Does anyone in your family have epilepsy?



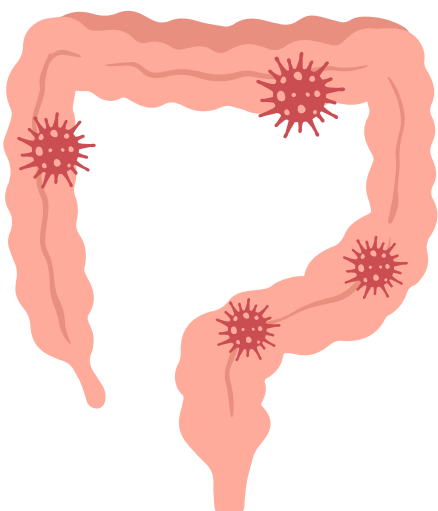
Does anyone in your family have breast cancer?



Does anyone in your family have intellectual disability?



Does anyone in your family have bowel cancer?



**Is there any other
medical information
you need to add?**



**Do you have any
other concerns?**

