



## Getting to Know You Poutiri Wellness Survey

Your wellness is our #1 priority. These questions will help us provide a quality health service, customised just for you and your whānau.

1. Full Name	
2. Date of Birth	3. Phone number

### Your Health

#### 3. For your health and wellness - what matters to you most?

4. What concerns you about your wellness?	Not a Problem	1	2	3	4	5	Big Problem
Smoking	☺						☹
Stress, worry	☺						☹
Feeling low, sad, down	☺						☹
Shortness of breath	☺						☹
Being tired, no energy	☺						☹
Sleep problems	☺						☹
Pain	☺						☹
Family issues	☺						☹
Understanding my health condition(s)	☺						☹
Being able to relax	☺						☹
Being overweight	☺						☹
Money issues	☺						☹
Being active	☺						☹
Getting out and doing things that I enjoy	☺						☹
Sexual problems	☺						☹
Healthy eating	☺						☹
Work	☺						☹
Taking medicines	☺						☹

Knowing what to do when I get sick	😊						☹️
Drinking too much alcohol	😊						☹️
Stressful relationships	😊						☹️

**5. What would you like from Poutiri Wellness Centre?**

**6. What is your smoking status (if over 15)?**

- Never Smoked     
 Past Smoker     
 Recently Quit in the last 12 months     
 Current Smoker

**7. If you are a current smoker or have recently quit, would you like help to stop/ or stay on track?**  Yes  No

**8. Do you have? (please tick one or more if applies for you)**

- Heart Issues     
 Diabetes (Type 1)     
 Diabetes (Type 2)     
 Asthma  
 Chronic Lung Disease (COPD)     
 Cancer     
 Dementia  
 Allergies: Please specify.....

**Your Whānau**

**9. Do you want a whānau member to be able to contact us about your health, and access your records?**

- Yes       No

**If Yes, what is their name and phone number?** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If Yes, do you want the above whānau member to access your Manage-My-Health online patient portal?**

- Yes       No

**10. Do you have children registered with Poutiri Wellness Centre, that you want linked to your enrolment?**

- Yes       No

Child's full name	Gender	Ethnicity	Date of Birth

**11. Family History, please circle (excluding yourself)**

HEART PROBLEMS     Yes     No    If Yes, please note family relationship\_\_\_\_\_ and family member age: \_\_\_\_

STROKE             Yes     No    If Yes, please note family relationship\_\_\_\_\_ and family member age: \_\_\_\_

CANCER             Yes     No    If Yes, please note family relationship\_\_\_\_\_ and family member age: \_\_\_\_

DIABETES           Yes     No    If Yes, please note family relationship\_\_\_\_\_ and family member age: \_\_\_\_

OTHER CONDITIONS  Yes     No    If Yes, please note family relationship\_\_\_\_\_ and family member age: \_\_\_\_

Specify condition: \_\_\_\_\_

**12. Do you have medical insurance? If yes, name of insurer, policy number**

Insurer: \_\_\_\_\_ Policy number: \_\_\_\_\_

**Use of Technology**

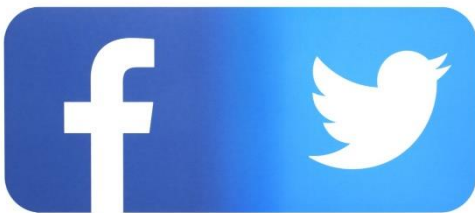
**13. Do you have an email address?**     Yes     No    If yes: \_\_\_\_\_

**14. If you do not have an email address, do you want help setting up a free email address?**     Yes     No

*Please note an email address is needed for Manage-my-Health*

**15. Do you want us to show you how to use Manage-my-Health?**     Yes     No

*Manage my health allows you to book your own appointments, request repeat prescriptions and view any test results online. It is your own secure patient portal. We can assist you to know how to use it.*



Follow us on Facebook for regular updates, you can look us up on Facebook @Poutiriwellness .....and we can invite you to follow us

**16. If you would like to follow us and receive Poutiri Facebook messages, what is your Facebook name?**

Facebook name: \_\_\_\_\_

*Ngā mihi nui, thank you we look forward to assisting your health needs and goals*

**Please complete and CLICK HERE email to: [wellness@poutiri.org](mailto:wellness@poutiri.org)  
or drop it to Poutiri, 35 Commerce Lane**