

Patient details form

TITLE: Miss Ms Mrs Mr Dr Mast Other GENDER: Male Female

SURNAME: FIRST NAME:

MIDDLE NAME: PREFERRED NAME:

DATE OF BIRTH: / /

MEDICARE NUMBER: Ref No. Expiry Date: / /

DVA: Gold White Expiry Date: / /

CONCESSION CARD (EG: Pension/HCC): Expiry Date: / /

RESIDENTIAL ADDRESS:

POSTAL ADDRESS (If different from above):

HOME PHONE: MOBILE: WORK PHONE:

EMAIL:

MARITAL STATUS: Married Single Divorced Defacto Widowed Child Other

CHILDREN: YES NO NUMBER OF CHILDREN:

OCCUPATION: EMPLOYER:

COUNTRY OF BIRTH:

Do you Identify as being of: Aboriginal origin YES NO Torres Strait Islander origin YES NO

Do you require an Interpreter service: YES NO

Details of your NEXT OF KIN or CONTACT

NAME:

RELATIONSHIP to patient:

ADDRESS:

PHONE NUMBER:

Details of your EMERGENCY CONTACT

NAME:

RELATIONSHIP to patient:

ADDRESS:

PHONE NUMBER:

PATIENT PRIVACY INFORMATION:

To provide a high standard of care and as an accredited practice we need to record basic personal and health information. This information is treated with the strictest of confidence and may only be divulged to a third party (eg. insurance company) with your consent, by law when lives are at risk or through a court order. The staff members of Family Doctors Plus are subject to strict confidentiality obligations.

Misleading or inaccurate information may affect our ability to provide the best health outcome for you.

Your health records may be reviewed as part of the quality improvement activities of this practice.

I have read the Privacy statement and consent: Date: / /

Brief medical history

NAME:

Do you suffer from any of the following: (Please include date of onset)

- | | |
|--|---|
| <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Arthritis _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Kidney Problems _____ |
| <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Tumours or Cancers _____ |
| <input type="checkbox"/> Thyroid Disorders _____ | <input type="checkbox"/> Stroke _____ |
| <input type="checkbox"/> Respiratory illness (eg asthma) _____ | <input type="checkbox"/> Prostate problems _____ |
| <input type="checkbox"/> Bowel Problems /polyps _____ | <input type="checkbox"/> Mental illness _____ |
| <input type="checkbox"/> Past abnormal pap smear _____ | <input type="checkbox"/> High Cholesterol _____ |

Any other medical problems/past surgeries/abnormal colonoscopies or endoscopies:

Allergies/Reactions: _____

Medications (including over the counter, vitamins and supplements): _____

FAMILY HISTORY (in parents, siblings or grandparents) of:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stroke | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bowel Cancer | <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Other Cancer |
| <input type="checkbox"/> Other _____ | | | |

SMOKING: Never Smoked Ex-smoker Smoker - Number per day _____

ALCOHOL: No Yes No. of standard drinks per day _____ No. of alcohol free days per week _____

WOMEN: Date of last Pap smear _____ normal abnormal
 Date of last Mammogram _____ normal abnormal

MEN & WOMEN:

Date of last Skin check: _____ Blood pressure check: _____ high normal low

Date of last Colonoscopy: _____ normal abnormal Details: _____

OVER 65: Date of last Influenza vacc: _____ Pneumococcal vacc: _____ Bone density: _____

BY SIGNING THIS FORM YOU ARE AGREEING TO THE FOLLOWING:

Family Doctors Plus is a private billing practice and payment is required at the end of the consultation.

Cheques are not accepted. A processing fee of \$150 will be charged for late payment.

Family Doctors Plus requires everyone to make appointments for ALL INVESTIGATIONS RESULTS including blood tests.

Family Doctors Plus has a policy of not prescribing drugs of addiction.

Use of the treatment room may incur a facility fee that includes nursing, equipment and dressing costs.

Family Doctors Plus undertakes recalls and reminders as part of the quality improvement activities of this practice.

I have read and understand the above: Date: