

GAWLER MEDICAL CLINIC PATIENT INFORMATION FORM

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:

Title	Mr	Mrs	Ms	Miss	Other
Surname					
Given Names					
Date of Birth					
Street Address					
Suburb and Post Code					
Home Phone					
Work Phone					
Mobile Phone					
Email					
Medicare Number	Ref No:			Expiry Date	
DVA Gold / White (Please circle)				Expiry Date	
Pension Number				Expiry Date	
Health Care Card Number				Expiry Date	
Private Health/Fund Name/ Member No/ Level Cover					
Next of Kin (Name and Telephone number)					
Emergency Contact	(Name and Telephone number of the person we can contact if needed)				
Employer Name					
Employer Address					
Employer telephone no.					

Are you happy to receive SMS reminders: Yes (please give mobile no. if not same as above) No

To assist with health initiatives - are you Aboriginal or Torres Strait Islander?

Yes - Aboriginal Yes - Torres Strait Islander Yes - Aboriginal & Torres Strait Islander No

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds –Do you identify as someone from a culturally and/or linguistic diverse background?

Yes - Please elaborate.....

Do you have any allergies or are you sensitive to drugs or dressings:

Yes (If yes please list below) No

Smoker: Yes/No _____ No smoked per day or Ceased Smoking - date _____

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Reminder Systems:

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks, pap smears and abnormal results.

If we need to contact you what is your preferred method of contact:

Home phone Mobile phone Mail Email

Do you have any health concerns that you would like to receive more information on?

Your health history - do you have or have you had a history of?

Operations

Asthma

Diabetes

Hypertension

Chronic illness

Other

Immunisations - have you had the following immunisations?

Tetanus booster date_____ Don't Know Haven't had one

Hepatitis B date_____ Don't Know Haven't had one

Hepatitis A date_____ Don't Know Haven't had one

Influenza date_____ Don't Know Haven't had one

Pneumococcal date_____ Don't Know Haven't had one

Polio date_____ Don't Know Haven't had one

Human Swine Flu date_____ Don't Know Haven't had one

Children's immunisations - if completing this form for a child are their immunisations up to date?

Yes No

Current medications (including over the counter medications, vitamins and minerals):

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Family history - have any members of your family had:

Diabetes

Asthma

Heart Disease

Mental illness

Cancer

Social history

Alcohol: _____ day / week / month (circle the one applicable)

Drug use: _____ (type and frequency)

Height: _____ cms

Weight: _____ kgs

Blood Pressure: when was the last time your blood pressure was taken?

Sun protection: How often do you use the following to protect yourself from the sun when outdoors?

	Always	Often	Sometimes	Rarely	Never
Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For those 65 years and older: when was the last time you were immunised?

Influenza Date _____ not sure never

Pneumococcal pneumonia Date _____ not sure never

Females: When did you last have?

Pap smear Date _____ not sure never

Breast Check Date _____ not sure never

Males: When did you last have?

An overall check up Date _____ not sure never

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GENERAL INFORMATION

- All accounts must be paid in full on the day of consultation. Discounts apply for payment on the day of consult. EFTPOS facility is available. Medicare online facility is available at the surgery which allows your bank account to be credited in two working days if your bank details are held by Medicare or lodged at the time of paying your account.
 - Medicare does not completely cover the cost of your consultation.
 - Discounts do apply for aged pensioners, concession cardholders and children under 16 from Monday to Friday.
 - The surgery does not routinely bulk bill Senior Card cardholders.
 - If your Doctor bulk bills you for personal reasons it does not guarantee you that all Doctors will do the same.
-

I consent to:

- The release and communication of information between any other medical provider relating to my assessment and ongoing clinical management
- The disclosure of adverse outcomes to Medical Defence Organisations, insurers, medical experts or lawyers for medical indemnity purposes
- The release of information for billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- E-mailing of my investigation results to my personal email address I have supplied to my Doctor

Please cross out anything you do not consent to.

Doctors and Nurses have mandatory obligations by law to report infectious diseases and child abuse.

I have read the information above and understand why information about me is collected and disclosed to other parties. I consent to any such collection and disclosure as is necessary, subject to any limitations on access or disclosure as decided by me.

Name: (please print)

Signed:.....

Date: