

CHILDREN 0-15



**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, thank you

Title (please circle)	Miss	Master	Gender Neutral
Surname			
First Name			Middle Initial:
Date of Birth			
Street Address			
Suburb and Post Code			
Home Phone No.			
Parents Phone No.			
Mobile Phone No.			
Medicare Number and Ref No. (no. in front of your name)	No.	Ref:	Expiry Date
Pension/Health Care Card No. (Centrelink or pension card)			Expiry Date
OSHC Number (Allianz overseas insurance)			Expiry Date
You must complete this section – please identify your cultural ethnicity	<input type="checkbox"/> Australian, non-indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Do Not Wish to Provide <input type="checkbox"/> Other cultural group (please state) _____		
Next of Kin	Name:	Relationship:	
	Mobile or Home No:		
Emergency Contact Person (if different to Next of Kin)	Name:	Mobile:	
(Name and Telephone number of the person we can contact in case of an Emergency)			

Thank you for providing this information, which will assist in your health care.

Please answer: We would like to know – how did you hear about our practice?					
Friend	Relative	Adel Health Care Website	Online Booking	White Pages	Yellow Pages
Hospital	Chemist	Allied Health	Hotel	Backpackers	Live Nearby
Fridge Magnet	Walk in	Google	Facebook		
Other (please specify):					

All information will be kept confidential

PATIENT HEALTH DETAILS

Please complete and give to your Doctor at your appointment.

Your name please: _____

Parents Names: _____

Reminder Systems:

As part of providing high quality comprehensive health care our practice routinely sends reminders for a number of preventative health activities and follow ups.

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.....

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

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

Brief information regarding your childs birth history: (please complete this question only if your child is under 3 years of age)

Was your baby born early or late?

Place of birth? _____

Paediatrician? _____

Type of delivery? _____

Other _____

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

Does your child have any allergies or sensitivities to any foods, medicines etc. ?:

Does anyone who lives in the house smoke?

Childrens Immunisations: - are immunisations up to date according to the Australian Immunisation Schedule?

Yes No Not sure Parent/s vaccination refuser/s

Family history – do any immediate family members have :

Diabetes

Asthma

Heart Disease

Mental illness

Cancer
