


☐ RHCA

Do you have an Australian concession/government card of any type?
(not student cards)

Type _____
Number _____
End Date _____

File Number
Date

Medicare Number										Ref No	Expiry
											/

Department of Veteran Affairs No

--	--	--	--	--	--	--	--	--	--	--	--	--

Surname	Given Names	Date of Birth	Sex

Address	Contact Home _____ Work _____ Mobile _____ E-mail _____
Postcode	

Occupation	Employer

Nationality	Relationship status

Emergency Contact

Name _____
Tel. No _____
Relationship _____

Other Relevant Information

Are there any cultural or other issues that we should know about to optimise your care?

Are you an Aboriginal or Torres Strait Islander? Please tick box ☐

Allergies

If NO allergies please tick box ☐

substance	response

Medical History

Current Medications

medication	dose	frequency

Family History

Any history of cancers, diabetes, high blood pressure, heart disease?

mother: _____ father: _____

grandparents: _____ sister/brother: _____

Lifestyle Risks

smoking (cigarettes/day) _____

alcohol (glasses/week) _____

physical activity (min/day) _____

Immunisations

Type	Date

Signature

--