

.BUDERIM MEDICAL CENTRE 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:

Name: _____

Date of Birth ____/____/____ Country of Birth _____

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

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

Operations

 Asthma

 Diabetes

 Heart Disease/Hypertension

 Chronic illness

 Other

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

Yes (If yes please list below)

No

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If completing this form for a child are their immunisations up to date?

Yes No

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

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

Family history - have any members of your family had:

Diabetes

Asthma

Heart Disease

Mental illness

Cancer

Social history

Non-smoker Smoker _____per day Ex-smoker Ceased -

Alcohol: _____glasses per day, _____days per week

Drug use: _____ (type and frequency)

Females: When did you last have?

Pap smear Date_____ not sure never

Breast Check Date_____ not sure never

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