Fulham GP

Cnr. Fulham & Homewood Streets
Cloverdale WA 6105
9277 8688
www.fulhamgp.com.au

Patient Information Form

We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate.

Could you please assist us by completing the following?

Surname:			Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mast
First Name:			
Preferred Name:			
Date of Birth:			
Street Address:			
Suburb:		Post Code:	
Home Phone:		Work Phone:	
Mobile Phone:		Email:	
Medicare Number:		Expiry Date:	Ref. No.:
DVA Number:	Gold ☐	Expiry Date:	
	White ☐	Expiry Date:	
	Entitled Medical Condition(s):		
Pension Number:			
Health Care Card Number:		Expiry Date	
Private Health Cover:		Expiry Date	
Next of Kin:	Name:	Phone Number:	
Ethnicity	To assist with health initiatives - Are you of Aboriginal or Torres Strait Islander origin?		☐ Yes ☐ No
Emergency Contact:		Phone Number:	
Primary Language			

Name of any/other Child/Children under 18, to be seen TODAY

Are their immunisations up to date? ☐ Yes ☐ No

Surname				
First Name				
Preferred Name				
D.O.B.				
Medicare Ref. No.				

Patient Information Form

Patients who are here on a Causal basis or for a Medical only do not need to complete the rest of this form.

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
- ☐ Bowel cancer / regular colonoscopy Date of last colonoscopy:

Social History

- ☐ Tobacco: day / week or Ceased Smoking - date
- ☐ 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?

Date ☐ not sure ☐ never

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

For those 75 years and older: Have you had a Home Health Assessment in the last year?

☐ Yes ☐ No

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
Prostate Check	Date	☐ not sure	☐ never

Reminder Systems

Our practice provides our patients with preventative care and early case detection reminders, eg immunisations, annual health checks, skin checks and pap smears.
Relevant reminders will be sent to you in due course unless you have an objection to this.

If we need to contact you what is your preferred method of contact: ☐ Phone ☐ Mail ☐ Email

Details:

Do you have any health concerns on which you would like to receive more information or reminders?

Your Health History - do you have or have had a history of?

- ☐ Operations
- ☐ Asthma
- ☐ Diabetes
- ☐ Hypertension
- ☐ Chronic illness
- ☐ Other

Do you have a current Chronic Disease Management Plan in place? ☐ Yes ☐ No

Is this management plan due for review? ☐ Yes ☐ No

Do you have any allergies or are you sensitive to drugs or dressings: ☐ Yes ☐ No

Details:

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

Childrens Immunisations - If completing this form for a child/ren, are their immunisations up to date? ☐ Yes ☐ No