

Patient Name: _____

SECTION 2 | SOCIAL & MEDICAL HISTORY

What is your height? cms What is your weight? kgs

Marital Status Single Married De-facto Widowed Separated

Accommodation Home Owner Rental Relatives Home Nursing Home Homeless Other

Live with Spouse Alone Relative/Parents Friend Other

Do you have a carer? Yes No **Name & phone of carer:**

Please list any operations or previous illnesses

Current Medications

Allergies

Complementary Medications
(e.g. Multivitamins, fish oil)

Do you smoke? Yes No **If yes, how many cigarettes do you smoke per day?** **Year started?**

Past smoking history Nil Light Moderate Heavy **Year stopped smoking**

Do you drink alcohol? Yes No

If yes, how many standard drinks per day? **How many days per week?**

Family History Unknown (e.g. Adopted) No significant family history

Mother Still Alive Yes No **If no, age at death** **Cause of death**

Diabetes High Blood Pressure Heart Attack Stroke Colon Cancer Depression

Breast Cancer Other (please specify)

Father Still Alive Yes No **If no, age at death** **Cause of death**

Diabetes High Blood Pressure Heart Attack Stroke Colon Cancer Depression

Prostate Cancer Other (please specify)

Female Patients **Are you pregnant?** Yes No **Have you had a pap smear?** Yes No **Month/Year**

Are you breast feeding? Yes No **Have you ever had a mammogram?** Yes No **Month/Year**

Patient Name: _____

Other **immediate** family member's **significant illness** (please specify)

Is there anything else you would like us to know about you?

SECTION 4 | NON-ATTENDANCE, LATE CANCELLATION & PROMPT ATTENDANCE POLICY

We take pride in delivering high quality healthcare, so your appointment time is booked and held especially for you. If you no longer require it, or cannot attend, **please provide at least four business hours' notice of your cancellation.** We are usually fully booked, so giving four hours' notice allows us to offer the appointment to other patients. Unfortunately, failure to attend or notify us within the required timeframe may incur a non-medicare rebatable fee (\$82 for a standard appointment, \$146 for a long appointment). Repeated late or non-attendance may also result in the inability to book further appointments.

We pride ourselves on running on time (barring medical emergencies), so your punctuality is also appreciated. If you arrive unreasonably late for your appointment, you may need to reschedule and a non-attendance fee may also apply.

Please tick here to indicate your understanding and acceptance of the policy outlined above.

SECTION 5 | CONSENT

- I consent to the use of my personal health information by Saltwater Medical and other health care providers involved in my medical treatment and healthcare within this medical centre.
- I consent to the disclosure of my personal health information by Saltwater Medical to other health care providers involved directly or indirectly in my personal health care or medical treatment.
- I consent to receive follow-up reminders and recalls to be sent to the address listed on this form and/or via SMS to my mobile phone number.
- I consent to Saltwater Medical providing de-identified statistical health information relating to me/my child for the purposes of research and quality assurance activities. Please be assured that your personal details such as name, address and date of birth are NOT disclosed.
- I have read the information above and understand the reasons why my personal information is being collected. I understand this practice has a privacy policy on handling patients information and that I am not obliged to provide any of the information requested, but that failure to do so might compromise the quality of healthcare and treatment provided to me.
- I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

Signature

Date

Some things deserve more time and attention.

We believe your health is one of them.



7 Fourth Avenue Caloundra QLD 4551
T (07) 5301 9828 F (07) 5491 6275
www.saltwatermedical.com.au



Time



Care



Experience