



5/2320 Silverdale Road
 PO Box 177
 SILVERDALE NSW 2752
 Phone: 02 47422011 Fax: 02 47422010
 service@littlegemmedical.com.au
 www.littlegemmedical.com.au

Patient Details

Surname		Given Name	
Other Names		DOB	
Sex at Birth	M F	Gender	M F Other
Home Phone			
Home Address			
Home Phone		Mobile Phone	
Work Phone		Email	
Preferred Contact Method for reminders/results	Mobile (SMS) (default) Post Phone Call	Date	Today's Date

Next of Kin (Emergency Contact)

Name		Relationship	
Home Number		Mobile Number	

Health Care Details

Medicare Number		Reference		Expiry	
Concession Card/HCC/Pension		Reference		Expiry	

If the NEW Patient is under 16yo, please provide details for the person responsible (Parent/Guardian) for payment

Surname		Given Name			
Other Names		DOB			
Medicare Number		Reference		Expiry	

Demographics

Ethnicity		First Language	
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Aboriginal or Torres Strait Islander	No Aboriginal Torres Strait Islander Both	Interpreter Required?	Yes No
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Medical History

Allergies

List All Allergies and Reactions	
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Medications

List All Medications	
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Past Surgery

List All Past Surgeries and Year/Location	
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Medical History

Asthma	Yes	No
Diabetes	Yes	No
Hypertension (Blood Pressure)	Yes	No
Mental Health	Yes	No
Heart Disease/Stroke	Yes	No
Cancer	Yes	No
Major Accidents/Injuries	Yes	No
Skin Cancer	Yes	No
Other: List ANY Other Conditions	Yes	No

Lifestyle Information and Risk Factors

Smoking	Never Smoked Smoker – Yes How Many Per Day _____ Year Started _____ Ceased Smoking Year Started _____ Year Stopped _____ How many per day (average) _____	Alcohol	None Drinks How Many Day per Week _____ How may Standard Drinks per day _____
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Family History

Please state who has the condition. Leave BLANK if no family history

Asthma	
Diabetes	
Hypertension (Blood Pressure)	
Mental Health	
Heart Disease/Stroke	
Cancer	
Skin Cancer	
Other: List ANY Other Conditions	

Past or Current Specialists

<p>List All Current Specialist and the issue you see them for</p>	<p>Current:</p> <p>Past:</p>
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