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.

Title	Mr ❑ Mrs ❑ Ms ❑ Miss ❑ Other:		
Surname		First Name:	Preferred:
Date of Birth			
Street Address			
Postal Address			
Phone	Home:	Mobile:	Work:
Email			
Occupation			
Medicare Number		Ref No.	Expiry:
DVA	Gold ❑ White ❑		Number:
Centrelink	Pension Number:		Health Care Card Number:

Next of Kin		Relationship:
Phone		
Emergency Contact		Relationship:
Phone		

Nationality		Do you require a translator? Yes ❑ No ❑

To assist with health initiatives do you identify as Aboriginal or Torres Strait Islander?

Aboriginal: Yes ❑ No ❑	Torres Strait Islander: Yes ❑ No ❑	Aboriginal & Torres Strait Islander:
Are you an Interstate or Overseas visitor to Adelaide?	Yes ❑ No ❑ *if yes please note full fee is payable today for your consult	
Do you intend to have ongoing medical care provided by O'Halloran Medical Centre? Yes ❑ No ❑		

Would you like reminders sent via sms for: appointments, test result recalls, upcoming preventive medicine reminders such as pap smears & health checks?	Yes ❑ No ❑
Would you like our clinical staff to upload an ehealth summary to your MyGov account?	Yes ❑ No ❑ If yes Identifier number:

Do you wish to nominate another person who we can speak to on your behalf regarding upcoming appointments or your medical care? Yes ❑ No ❑		
If Yes	Name:	Relationship:

Office Use Only. Dr: _____ Staff: _____ Nurse: _____

PATIENT NAME: …… DATE OF BIRTH: …….

Our practice provides our patients with preventive care and early case detection reminders
e.g.: - immunisations, annual health checks; skin checks and pap smears.
Do you offer consent to participate? Yes ❑ No ❑

Important Medical History eg chronic diseases, cardiac, cancer etc	Please list:
Do you have any Allergies to medications or wound dressings?	Yes ❑ No ❑ Nil known ❑ If yes please list:

Social history:

Marital Status: ❑ Single ❑ Married ❑ DeFacto ❑ Separated/divorced ❑ Widow/er
In order to offer a complete health service, do you identify as LGBTIQ? ❑ Yes ❑ No
Please state: _____

Are you an Elite Athlete ❑ Yes ❑ No
Do you have an Advanced Care Directive in place ❑ Yes ❑ No
Do you have a Carer ❑ Yes ❑ No
Current Occupation: _____
Australian Defence Force ❑ Current Permanent ❑ Current Reserves ❑ Past Permanent or Reserves

Alcohol:
❑ Non Drinker ❑ Alcohol: Type _____
How many days per week: _____ how many standard drinks per day: _____
Past Alcohol Intake: ❑ Nil ❑ Occasional ❑ Moderate ❑ Heavy Year started: _____Year Stopped: _____

Tobacco:
❑ Non Smoker ❑ Ex Smoker Year started: _____ Year stopped: _____ ❑ Light ❑ Heavy ❑ Moderate
❑ Smoker: type ie cigarettes, pipe, cigar _____ year started: _____

Recreational Drug use: _____ (type and frequency)

Family history:
Mother still alive: yes No Age at death: _____ reason of death: _____
Father still alive: yes No Age at death: _____ reason of death: _____
Significant family history

Mother:	❑ Diabetes	❑ Hypertension	❑ Heart disease	❑ Stroke
	❑ Colon cancer	❑ Depression	❑ Breast cancer	
Father:	❑ Diabetes	❑ Hypertension	❑ Heart disease	❑ Stroke
	❑ Colon cancer	❑ Depression		

Females: When did you last have a -
Pap smear: Date _____ ❑ not sure ❑ never
Breast Check: Date _____ ❑ not sure ❑ never
Mammogram: Date _____ ❑ not sure ❑ never

Males: When did you last have a -
Full check up: Date _____ ❑ not sure ❑ never

For those 65 years and older: when was the last time you were immunised for -
Influenza: Date _____ ❑ not sure ❑ never
Pneumococcal: Date _____ ❑ not sure ❑ never

_____

Is there any other information that you believe we should know that may affect / or have an influence on the medical treatment / advice you will be provided with?
If Yes, please provide details below -

_____
_____
_____
_____

Signature: …….. Date: ..... / ..... / .....

Thank you for your cooperation and please return your completed from to reception.

O'Halloran Medical Centre, 107A Main South Road, O'Halloran Hill SA 5158 (PO Box 199)
Tel: (08) 7127 1566 Fax: (08) 7127 1565 Website: www.ohalloranmedical.com.au