Rowville Health

New patient information

Title:_____ First name:_____ Surname:_____

DOB:_____/_____/_____ Gender:_____

Address:_____

Phone:_____ Email address:_____

Medicare card number:_____ Ref:_____ Expiry:_____

Pension, Health care card number (if applicable):_____ Expiry:_____

Veteran Card number (if applicable):_____ Expiry:_____

Emergency contact name:_____ Phone:_____

Cultural background

Are you of Aboriginal or Torres Strait Islander origin?

No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐

Other cultural background:_____

Medical history

Please provide details of any significant medical conditions (such as heart disease, diabetes, cancer, respiratory conditions, mental illness, operations)

No significant medical conditions ☐

_____

_____

_____

Please provide details of immediate family members' medical conditions (such as heart disease, diabetes, cancer,

asthma, stroke, mental illness)

No significant family history ☐

_____

_____

_____

Please turn over

Allergies and medication:

Do you take any regular medications? (including over the counter, complementary medicine, puffers and the contraceptive pill)

No regular medications ☐

Medication	Dose	Times per day

List any allergies and intolerances

Please complete this section if you're 15 years or older

Relationship status: Single ☐ In a relationship ☐ Married/de facto ☐ Divorced/Separated ☐ Widowed ☐

Occupation:_____

Smoking history: Non-smoker ☐ Ex-smoker ☐ Current smoker: ☐ …… cigarettes per day Vaper ☐

Do you drink alcohol? Yes ☐ No ☐

If yes, how many days per week do you drink alcohol?____ How many standard drinks on each of those days?_____

Preventative health

When did you last have:

An overall health check _____ Not sure ☐ Never ☐

Cervical screen/Pap smear _____ Not sure ☐ Never ☐ Not applicable ☐

If 50 years or older:

Bowel cancer screening _____ Not sure ☐ Never ☐ Not applicable ☐

Mammogram _____ Not sure ☐ Never ☐ Not applicable ☐

All the information I have provided is true and correct to the best of my knowledge.

Signed:_____ Date:_____/_____/_____