



Date commenced

/ /

Medicare number

/ /

Surname

Given name

Address

Suburb

Postcode

Telephone

Fax number

Mobile

Email

Date of birth

Sex

Occupation

Relationship status

Blood group

Employer

Aboriginal

Ethnicity

Country of birth

Torres Strait Islander

Private fund

or both

Emergency Contact

Name

Telephone

Allergies (a hypersensitivity reaction to a medicine or other substance)

Medicine(s) or substance(s)

Hypersensitivity reaction(s)

Adverse drug reactions (harm that results from reaction to a medicine)

Medicine(s)

Harmful reaction(s)

Current information

Medical problem	Management	Chronic disease history	Immunisation	Date

### Current medication(s)

Name	Strength/frequency	Commenced, changed or ceased

### Nonprescribed (ie. over the counter supplements/alternatives)

Name	Strength/frequency	Commenced, changed or ceased

Lifestyle risks		Recommendation/management plan	Partner lifestyle risks
<b>S</b>	<b>Smoking</b> Number/day or when quit		
<b>N</b>	<b>Nutrition</b> Daily intake screening		
<b>A</b>	<b>Alcohol</b> For healthy men and women no more than 2 standard drinks per day		
<b>P</b>	<b>Physical activity</b> ie. 30 minutes per day moderate intensity, most days		
Other			

### Family history

Mother	Father	Siblings	Other

Past medical history	Management	Date resolved

Surgical history	Date

Obstetric/gynaecology history	Date

Social history <small>(ie. living conditions, traumatic events)</small>