

# ROMA DOCTORS

58 CHARLES STREET , ROMA QLD 4455

## PATIENT HISTORY INFORMATION SHEET

(Private and Confidential)

**Mr / Mrs / Miss / Ms / Other:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Aboriginal**

YES / NO

**Torres Strait Islander**

YES / NO

**Interpreter Required**

YES / NO

**Next of Kin: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship To you:** \_\_\_\_\_ (e.g: Mother, Father, Sister, Friend ect)

**Known Allergies:** \_\_\_\_\_

**Immunisation Up to Date:** YES / NO / Unknown / Other: \_\_\_\_\_

**Do you Smoke:** No /

Yes -How many per day: \_\_\_\_\_ / Ex-Smoker -Year Stopped \_\_\_\_\_

**Do you consume alcohol:** No /

Yes – Days per week: \_\_\_\_\_ / Standard Drinks per day: \_\_\_\_\_

**Social History:** e.g. live alone, married, children \_\_\_\_\_

**Family History:** e.g. diabetes, high blood pressure, heart disease, cancer or other \_\_\_\_\_

**Past/Current illnesses and operations:** \_\_\_\_\_

**Current Medication:** \_\_\_\_\_

**Medicare Card:** Number: \_\_\_\_\_ Ref: \_\_\_\_\_ Exp: \_\_\_\_\_

**Pension/ HCC with Centrelink:** Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Type: PC or HCC

NOTE: If the Doctor requires further follow up we will recall you on the above address and phone numbers