

THE ELMS FAMILY MEDICAL CENTRE

Welcome to the Elms Family Medical Centre. We would like to obtain some health information about you and your family so that your doctor can best look after you.

Name: **Date of Birth**

Are you of Aboriginal or Torres Strait Island background? Aboriginal TSI Neither

Do you have any on-going¹ health problems? Yes (If yes please list below) No

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.....
.....

Have you had any significant previous health problems? Yes (If yes please list below) No

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.....
.....

Do you have any brothers, sisters or parents with any of the following conditions? (Please circle Yes or No)

Diabetes	No	Yes	
Stroke	No	Yes	
Heart Disease	No	Yes	(If yes, please describe)
Cancer	No	Yes	(If yes, what type?)
Other (Please describe).....			

Please list all medications you currently take; None

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.....
.....

Please list any drug, food or other allergies you have; Nil known

.....
.....

Do you smoke? (Please circle) No Ex smoker Yes How many per day?

Do you consume alcohol? (Please circle) No Yes Occasionally
How many standard drinks per day..... week.....

When did you last have these immunisations?

Influenza	Date.....
Pneumonia	Date.....
Tetanus	Date.....

Office use only

Date entered

Initials.....

For ladies, when was your last Pap Smear?

Within last 12 months	Month.....
Within last 2 years	
More than 2 years ago	
More than 4 years ago	
Never	

Patient Signature:.....

Parent/Guardian Signature:

Date: