



New Patient Information Form – Child (under 16)

Thank you for taking the time to complete the following paperwork because it will help us provide the best possible care for your family.

First and last name:

Male/Female (please circle)

Preferred name:

Date of birth:

Street address:

Suburb and post code:

Best contact phone (ideally mobile):

Second contact phone:

Email:

Child's Medicare number:

Ref:

Medicare card expiry date:

Healthcare card (if applicable):

Expiry date:

Private Health cover, name and number (if applicable):

Parent's/carer's names:

Other family member and sibling names:

Please advise of any special legal or custody arrangements:

Most patients find **SMS reminders and recalls** helpful, if we need to contact you, would you like to be contacted by SMS? Please advise: yes/no

Do you attend **daycare, kindy or school**? Please provide details:

Knowing our patient's **backgrounds** help us to provide appropriate care for wide variety of people from different nationalities and ethnicities. Please circle/fill out the following:

Australian

Not aboriginal or Torres Strait Islander

Aboriginal

Torres Strait islander

Aboriginal and Torres Strait Islander

Other ethnicity:

Medical History

Most importantly - please list all allergies and reactions, especially to medications:

If no **allergies** please circle: No known drug allergies

Are you protected against childhood illness by being **vaccinated**?

Are you concerned that vaccinations may not be up to date?

Please list any **medical conditions or surgeries**, including any complications with birth process:

Please advise of **current medications** (including over the counter medications, vitamins and supplements):

Is there a **family history** of any medical conditions? Please note them here:

Does anyone in the household **smoke cigarettes**?

Current weight:

Current height:

How often do you use the following to protect yourself from the sun when outdoors?

Protective clothing:

Sunscreen:

What type of **hobbies or sports** do you like?

Can you think of any **further information** that may be helpful for your doctor to know?

Thank you for your assistance. Please bring this form in to the consult with your doctor.