THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Date commenced

Health summary

DOB	SEX	OCCUPATION
RELATIONSHIP STATUS	BLOOD GROUP	EMPLOYER
☐ ABORIGINAL ☐ TORRES STRAIT ISLANDER ☐ OR BOTH	ETHNICITY	COUNTRY OF BIRTH
PRIVATE FUND	HCC/DVA	

SURNAME	RECORD NO./ DOB
GIVEN NAME(S)	
ADDRESS	
	POSTCODE
HOME NO.	WORK NO.
MOBILE	
EMAIL	
MEDICARE NO. Aveo Product Code L7173	/ /

ALLERGIES	SUBSTANCE(S)	RESPONSE

EMERGENCY CONTACT
NAME
TEL NO.
NEXT OF KIN (if different to above)

CURRENT 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
S SMOKING Number/day or when QUIT		
N NUTRITION Daily intake screening		
A ALCOHOL 2 alcohol free days/week and no more than 2 std drinks (male) 1 std drink (female) p/day		
P PHYSICAL ACTIVITY ie. 30 min/day moderate intencity, most days		
OTHER		

SAMPLE
SAMPLE
SAMPLE

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SURNAME	RECORD NO./ DOB
GIVEN NAME(S)	

FAMILY HISTORY MOTHER	FATHER	SIBLINGS	OTHER

SAMPLE

PAST MEDICAL HISTORY	MANAGEMENT	DATE RESOLVED

SURGICAL HISTORY	DATE

SAMPLE

OB-GYN HISTORY	DATE

SOCIAL HISTORY (ie. living conditions, traumatic events)

SAMPLE