

PLEASE COMPLETE THE INFORMATION SHEET BELOW IN BLOCK LETTERS

PATIENT NAME: FIRST _____ LAST _____

DATE OF BIRTH: d _____ m _____ y _____ SEX: M / F / : _____

HEALTH CARD NO : _____ VERSION CODE: _____

CONTACT PERSON (Optional): Name _____ Tel. # _____

REASON FOR SEEKING A NEW GP:

PATIENT PROFILE:

MARITAL STATUS: _____

NO. OF CHILDREN: _____

OCCUPATION: _____

HEIGHT & WEIGHT: (to be checked by staff)

HEIGHT: _____ WEIGHT: _____

SOCIAL PROFILE:

SMOKING: YES ___ NO ___

IF YES: _____ PACKS PER DAY

ALCOHOL: YES ___ NO ___

IF YES: _____ PER WEEK

RECREATIONAL DRUGS: YES ___ NO ___

IF YES: TYPE(S): _____

FAMILY PROFILE:

MOTHER: DECEASED? YES ___ NO ___

FATHER: DECEASED? YES ___ NO ___

YEAR OF BIRTH: _____

YEAR OF BIRTH _____

LIST ANY KNOWN HEALTH ISSUES

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NUMBER OF SIBLINGS: SISTERS: _____ BROTHERS: _____

ANY KNOWN HEALTH ISSUES:

PLEASE TURN OVER....

PERSONAL HEALTH:

CURRENT MEDICAL ISSUES (EG: DIABETES, HYPERTENSION, ETC):

PREVIOUS MEDICAL HISTORY INCLUDING SURGERIES: (EG: APPENDECTOMY/TONSILLECTOMY) PLEASE PROVIDE THE YEAR IF POSSIBLE:

ALLERGIES: (EG: DRUG, FOOD, ENVIRONMENTAL):

CURRENT MEDICATIONS: (PLEASE LIST THEM BELOW OR PROVIDE US WITH A LIST ON A SEPARATE SHEET)

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IMMUNIZATION RECORD: (PLEASE PROVIDE US WITH A COPY OF YOUR IMMUNIZATION RECORD)

DATE OF LAST TETANUS VACCINE: _____

ADDITIONAL INFORMATION:
