North Coast Medical Centre BYRON INTEGRATIVE HEALTH

Receptionist: Date: Scanned:

This information you provide to us is confidential and assists us to provide high quality medical care. It is used to correctly identify you within the practice & in our dealings with Medicare. PLEASE COMPLETE ALL DETAILS - WRITE CLEARLY IN BLOCK CAPITALS

I consent to the practioners at NCMC sharing my clinical information with other practioners at NCMC **YES or NO**

I consent to NCMC sending me SMS: **YES or NO**

FIRST NAME

SURNAME

KNOWN AS **FEMALE MALE** (please circle)

Date of Birth / /

ETHNICITY: ______

ADDRESS: ______

TOWN/SUBURB: ______ **POST CODE:** ______

Aboriginal ☐ **Torres Strait Islander** ☐ **Neither** ☐

MEDICARE NO: Ref No: ☐ Valid To: /

Pension Card: Exp: / /

Health Care Card: Exp: / /

Veterans Affairs: Exp: / /

MOBILE:

HOME:

WORK:

EMAIL:

COUNTRY OF BIRTH: ______ **OCCUPATION:** ______

EMERGENCY CONTACT:

Name:

Phone: Relationship: ______

NEXT OF KIN: SAME AS EMERGENCY CONTACT ☐

Name:

Phone: Relationship: ______

Patient Signature: ______ Date: ______

Name ______________________________

Allergies

Does your child have any allergies or sensitivities to drugs or dressings? (Please circle)

NO	**YES** (please specify)

Medical Conditions (Past and present)

Operations (Please include the year)

Medications (Current medications including over the counter medications & supplements)

Medication	Strength	How many per day

Family Medical History (e.g. Eczema, asthma, cancer, heart disease, diabetes etc.)

Birth History

Was your child born at full term (38 + weeks):
Any complications during pregnancy or birth:

Vaccinations

Has your child had the following vaccinations? (please circle)

Birth (hep B)	**Yes / No**	12 months	**Yes / No**
2 months	**Yes / No**	18 months	**Yes / No**
4 months	**Yes / No**	4 years	**Yes / No**
6 months	**Yes / No**	Other?	**Yes / No**

Social

How many siblings:

Does your child attend daycare or school (which grade):

Has your child had any delay in development? Any hearing or vision problems?