**Your medical record is a confidential document and treated with the strictest confidence. Confidentiality agreements are in place with all staff. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff. Personal health information is required for our doctors to provide quality patient care, to do this it is essential that your health record is kept up to date and accurate.**

Please assist us by completing the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Title**  (please circle) | **Mr Mrs Ms Miss** | | |
| **Surname** |  | | |
| **First Name** |  | | |
| **Date of Birth** |  | | |
| **Street Address** |  | | |
| **Suburb and Post Code** |  | | |
| **Home Phone:** |  | | |
| **Work Phone** |  | | |
| **Mobile Phone** |  | | |
| **Medicare Number & Ref no** | **Ref No.** | **Expiry Date** |  |
| **Pension Number** |  | **Expiry Date** |  |
| **DVA Gold or White Card** | Colour No. | **Expiry Date** |  |
| **Health Care Card Number** |  | **Expiry Date** |  |
| **Private Health Cover** |  | | |
| **Next of Kin** | **Name**  **Relationship to you:**  **Tel:** | | |
| **Emergency Contact** | **Name**  **Tel:** | | |

**Australia is a multicultural society. To tailor appropriate care, Do you identify as someone from a culturally and/or linguistic diverse background?**

**Yes** - Please elaborate…………………………………………………………………………………………

**To assist with health initiatives - are you Aboriginal or Torres Strait Islander?**

**Yes** - Aboriginal  **Yes** -Torres Strait Islander  **Yes** - Aboriginal & Torres Strait Islander  **No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice Fee Structure:**

We bulk bill for all Medicare services. Private fees apply to non-MBS items, non-Medicare Card holders

and Medicals (pre-employment, drivers licence, drug & alcohol screening etc) Please ask staff for pricing.

**Opening Hours:**

8:30 – 5:00 Monday – Friday

8:30 –11:30 Saturday

**Doctors:**

Owner and Principal Practitioner: Dr Basharat Hussain

General Practitioners: Dr Elizabeth Maen, Dr Sam Mahmoud and Dr Sean Pham

**Staff:**

Practice Manager: Kristy Kowald

Medical Receptionists: Shauna, Sara, Julie, Natasha & Naomi

Nurses: Sas, Theresa & Bonnie

**After Hours Service:**

*Brisbane After-Hours Doctors* can be contacted on *1300 466 337*. They are available at all times we are closed, including public holidays. It is a fully bulk billed service. **All Emergencies please call 000**

**Reminder Systems:**

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks and pap smears.

*Please note that all patients will automatically be placed on the National Reminder System unless you specify otherwise.*

**Do you wish to have any relevant health reminders sent to you?**

Yes  No

**If we need to contact you what is your preferred method of contact:**

Home phone  Mobile phone  Mail

**Do you have any health concerns that you would like to receive more information on?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your health history -** d**o you have or have you had a history of?**

Operations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hypertension

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic illness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any allergies or are you sensitive to drugs or dressings:**

Yes (If yes please list below) No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Immunisations - have you had the following immunisations?**

Tetanus booster date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

Hepatitis B date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

Hepatitis A date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

Influenza date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

Pneumococcal date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

Polio date\_\_\_\_\_\_\_\_\_  Don’t Know  Haven’t had one

**Children’s immunisations - if completing this form for a child are their immunisations up to date?**

Yes No

**List current medications** **(including over the counter medications, vitamins and minerals):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Family history - have any members of your family had:

Diabetes

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heart Disease

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental illness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Social history

Tobacco: \_\_\_\_\_\_\_\_ day / week or Ceased Smoking - date \_\_\_\_\_\_\_\_\_\_\_\_

Alcohol: \_\_\_\_\_\_\_\_ day / week / month (circle the one applicable)

Drug use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type and frequency)

**Height:** \_\_\_\_\_\_\_\_\_\_ cms **Weight:** \_\_\_\_\_\_\_\_\_\_\_\_\_ kgs

**Blood Pressure: when was the last time your blood pressure was taken?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sun protection:** How often do you use the following to protect yourself from the sun when outdoors?

Always Often Sometimes Rarely Never

Protective clothing

Sunscreen creams

**For those 65 years and older: when was the last time you were immunised?**

Influenza Date\_\_\_\_\_\_\_\_\_\_  not sure  never

Pneumococcal pneumonia Date\_\_\_\_\_\_\_\_\_\_  not sure  never

**Females:** When did you last have?

Pap smear Date \_\_\_\_\_\_\_\_\_\_  not sure  never

Breast Check Date \_\_\_\_\_\_\_\_\_\_  not sure  never

**Males:** When did you last have?

An overall check up Date \_\_\_\_\_\_\_\_\_\_\_\_  not sure  never

***\*\* Please note that all patients will automatically be placed on the National Reminder System***

***unless you specify otherwise.***

**HOME VISITS:**

Home visits are accessible to our local patients during business hours in the event a patient is too unwell to attend in person and at the discretion of their GP.

Visits required after-hours can be made with your GP under the same conditions and by prior arrangement,

Or our after-hours service provider is Brisbane After-Hours Doctors Tel: 1300 466 337.

**AVAILABILITY OF LONGER CONSULTATIONS:**

Our patients are more than welcome to request a longer consultation. To do so, please request this at time of making your appointment.

**URGENT MEDICAL ATTENTION AND TRIAGING:**

Please note that all Emergencies will be attended to immediately and take priority before booked appointments. We assign a priority of order according to the urgency of our patients’ medical needs, this is known as triaging.

**TO MAKE A COMPLAINT:**

To make a complaint or have a general enquiry, contact the Health Quality Complaints Commission (HQCC)

Tel: (07) 3120 599 or Email: info@hqcc.qld.gov.au

**RETURNING YOUR TELEPHONE CALLS:**

If you request a reply to a query, it is our policy to do so within a reasonable time frame which is appropriate to the nature of the request.

If your GP is unavailable to speak with you at the time of your call, they will either call you back or arrange for a nurse of receptionist to call you back on their behalf.

Please note; it is preferred that our patients attend for a consultation regarding their medical needs.

**FOLLOW-UP OF TEST RESULTS:**

It is Practice Policy that patients are to return for test results by making a follow-up appointment, this enables adequate medical care and information be given to you upon receiving your results.

On occasions, and at the discretion of your GP, they may make other arrangements with you such as asking you to call for your results;

**Urgent Results:** All patients with Urgent test results will be contacted for follow-up as soon as possible.

*Please ensure your contact details are always up-to-date with our reception staff ☺*

**TRANSLATING AND HEARING IMPAIRED SERVICES:**

For Translating and Interpreter Services Tel: 131 450

For Hearing or Speech Impaired patients, contact *National Relay Service*

Voice Calls: 1800 555 660 / TTY Calls: 1800 555 630 / SMS: 0416 001 350 / Fax: 1800 555 690

Email: [helpdesk@relaysevice.com.au](mailto:helpdesk@relaysevice.com.au) / Website: [www.relayservice.gov.au](http://www.relayservice.gov.au)

**SUGGESTIONS & FEEDBACK:**

Your feedback is important to us. Please feel free to leave us a note in the Feedback Box located under the TV in the waiting room or discuss with the Practice Manager.