

Casuarina Health & Medical – Child (<16yrs) patient information form

Thank you for assisting us by completing the following 2 pages for your child:

Surname	Gender:		
First & Second Names	Preferred Name		
Date of Birth			
Address			
Postal address (If different to above)			
Telephone Numbers	Home:	Mobile:	
Medicare Number		Ref #	Expiry Date
Pension card number			Expiry Date
Health care card number			Expiry Date
Next of kin	Name:	Phone number:	
	Relationship to child:	Address:	
Emergency Contact Person (if different to above)	Name:	Phone number:	
	Relationship to child:	Address:	

What is this child’s ethnicity? (e.g. Australian, British, Canadian, New Zealander)

➤ Please specify

Does this child identify as Aboriginal or Torres Strait Islander? (please circle)

- | | |
|--------------------------|---|
| ➤ Aboriginal | ➤ Aboriginal & Torres Strait Islander |
| ➤ Torres Strait Islander | ➤ Neither Aboriginal nor Torres Strait Islander |

We contact patients by SMS text message /phone and/or send out recall letters for test results and for ongoing patient care. Please sign below to give permission to have your child included in our recall system.

Signature:.....

Date:.....

Doctors at Casuarina Health & Medical are required to participate in research for quality assurance. To enable them to do this, they need permission to use de-identified medical information from patient’s medical records. Please sign below to give permission for your child’s doctor to use the de-identified medical data within their medical records for this specific purpose only.

Signature:.....

Date:.....

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PATIENT NAME:

Age:

Height: cm

Weight: kg

Does your child have any ALLERGIES or sensitivities to medications, dressings or foods? (please circle)

- No
- Yes - Please specify

Are your child's vaccinations complete for their age, according to the Australian National Immunisation Program? (please circle)

- Yes
- No - Please elaborate

Does this child have any medical problems? (please circle)

- Asthma
- Eczema or dermatitis
- Other
- Hay fever
- Frequent ear infections

Does this child require an interpreter service?

- Please specify

Does this child take any medications regularly?
(including over the counter medications, vitamins and minerals):

.....

Has this child ever been to hospital because of a medical problem or for an operation?

- No
- Yes - Please elaborate

Does this child's parents or siblings have any medical problems?

- Mother
- Father
- Siblings