



8) **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

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

Yes  No  Not sure

9) **Family history - have any members of your family had:**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Other (list): _____				

10) **Social history:** (eg live alone, or with partner and children, widowed)

\_\_\_\_\_

\_\_\_\_\_

11) **Do you have any guardianship arrangements in place?**

No  Yes – details: \_\_\_\_\_

12) **Are there any court orders on place?**

Parenting:  No  Yes – details: \_\_\_\_\_

Personal Violence:  No  Yes – details: \_\_\_\_\_

Details of any other orders: \_\_\_\_\_

13) **Lifestyle:**

Smoking:  never  ex smoker, date quit \_\_\_\_\_  current, how many a day? \_\_\_\_\_

Alcohol:  never  monthly or less  2 -4 times month  2-3 times week  4 or more times week

On any day how many standard drinks would you have? \_\_\_\_\_

How often do you have more than 6 drinks on one occasion?

Never  less than monthly  Monthly  Weekly  Daily or almost daily

Drug use:  No  Yes \_\_\_\_\_ (type and frequency)

**REMINDER SYSTEM:**

Our practice provides our patients with preventative care and early case detection reminders e.g. immunisations, annual health checks, regular reviews/tests and pap smears. Our preferred method to contact you is via SMS or EMAIL.

**YES** - I wish to receive recall and reminders  **NO**

**MY HEALTH RECORD:**

I consent for upload of clinical documents to "My Health Record"

**YES**  **NO**  I opted out of having a My Health Record

**SIGNATURE:**

\_\_\_\_\_

(If under 16 years) parent or guardian name: \_\_\_\_\_