



Clifton Medical Practice

Thank you for choosing Clifton Medical Practice for your baby/child's medical care.
We take this opportunity to welcome you and your baby/child to our clinic.
Please supply us with the following information.

For children aged 0 - 10 years.

Male Female Date of Birth: _____

Childs First Name: _____ Childs Surname: _____

Parent/Carer First Name: _____

Parent/Carer Surname: _____

Current Address: _____

Home Ph: _____ Parent/Carer mobile: _____

2nd emergency contact name: _____ Relationship: _____

2nd emergency contact phone number: _____

Do you consent to an SMS appointment reminder? Yes No

Is baby/child registered with Medicare? Yes No

Medicare Number: _____ Ref. No. ____ Expiry Date: _____

Is baby/child listed on a Concession Card: Yes No

Pensioner Health Care Card

Concession number: _____ Expiry Date: _____

Private Health insurer: _____

Membership number: _____

Are you Aboriginal or Torres Strait Islander? Yes No

If your baby/child is of another cultural background, do you give us permission to record this?

Yes No

Nationality _____

Confidential Medical History Questionnaire

Please take a moment to complete these details, so that your doctor can provide your baby/child with the best possible care.

Pregnancy Full term Premature – how many weeks _____

Type of birth normal Planned Caesarean Emergency Caesarean

Intervention required ie: forceps/other: _____ Special Care required

Comment: _____

Nutrition: Breast feed Bottle feed Commenced solids

Baby/child's weight: _____ newborn body length: _____

Has your baby/child had any significant or recurrent illnesses? Yes No

Comment: _____

Is there any significant family medical history? Yes No

Father: _____ Mother: _____

Sister: _____ Brother: _____

Other: _____

Does your baby/child have any allergies to any medication/food/other? Yes No known allergies

Allergic to: _____

Type of reaction _____

Severity of reaction: Mild Moderate Severe

Immunisations

Your doctor or our nurse can access the Australian Immunisation Register online to view your child's immunisations.

Do you consent for us to access your child's immunisation history? Yes No

Your Privacy and health information.

Clifton Medical Practice collects information for the primary purpose of providing optimum comprehensive quality health care. We require you to provide personal details and a full medical history so that we may properly access, diagnose, treat and be proactive in your child's health care needs. This means that we will use the information for administrative purposes, billing, disclosure to others involved in your health care including specialists and other treating doctors outside this practice and disclosure to other doctors in the practice including locums to assist in your medical care.

The practice provides patients with preventive care and early case detection reminder letters such as childhood immunisations, annual health checks and other recall & reminder letters.

Do you offer consent to participate? Yes No

Do you consent for us to access your child's My Health Record? Yes No

I have read and understood the above information regarding my child's medical information.

I confirm that there is no other information that I am aware of that would influence the medical treatment/advice to be provided.

I am aware that I may be charged a fee for failure to attend my booked appointment.

Signature: _____ Date: _____

Thank you for your co-operation in taking the time to complete this important medical information.

Clifton Medical Practice will endeavour to provide you and your child with optimum care.

If at any time you are unhappy with your care or services provided, please do not hesitate to notify your doctor, our Practice nurse, or our Practice Manager.

Your Privacy is important to us. It is the policy of this practice to maintain strict security of your personal health information. The information collected in this form will be always kept confidential. All staff at this practice are bound by a confidentiality agreement.