1. IDENTITY

Date Commenced

RACGP HEALTH RECORD

Health Summary

CATEGORY & NUMBERS		EXPIRY DATE
MEDICARE		
PEN / DVA		
HCC		
HEALTH FUND		

SURNAME

RECORD NUMBE

GIVEN NAMES

DOB

SEX

MARITAL STATE S M Div Def W

BLOOD GROUP

Rh

ADDRESS

P/CODE

COUNTRY OF BIRTH

ATSI ☐

ETHNICITY

NEXT of KIN

OCCUPATION

PHONE - Work

Mobile

Home

Email

2. SOCIAL/FAMILY STRUCTURE

6. FAMILY HISTORY

Mother

Father

Siblings & Others

4. LIFESTYLE RISKS

	(Patient)	(Partner)
Alcohol		
Tobacco		
Physical Activity		
Nutrition		
Other		

Date	No.	5/8. SIGNIFICANT PROBLEMS – PAST AND CURRENT

3. ALLERGIES/CAUTIONS/SEVERITY

7. IMMUNISATIONS

Date	Type	Batch No.

9. MANAGEMENT & DATE RESOLVED

NOTE: Review and Record Current Medication at top of each sheet of Progress Notes.

10. (a) INITIAL SCREENING

Height

Weight

BMI

B.P.

Tetanus

Influenza

Hepatitis

Sexuality

Cholesterol

Triglycerides

H.D.L.

B.S.L.

Cancer:

Skin

Colorectal

Mammogram

Pap.

HIV

Other

1

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11. Preliminary Notes

(OR ACTIVE PROBLEMS – CONTINUED)

SURNAME

RECORD NUMBER

GIVEN NAMES

DATE	Prob No.	SOA	**FINDINGS: S**ubjective, **O**bjective, **A**ssessment (OR ACTIVE PROBLEMS – Continued)	**DTI**	**PLANS: D**iagnostic, **T**herapeutic (including medication), **I**nformation (MANAGEMENT & DATE RESOLVED)

10. (b) SCREENING (continued)

Date ►								
Alcohol								
Tobacco								
Physical Activity								
Nutrition								
Height								
Weight								
BMI								
B.P.								
Tetanus								
Influenza								
Hepatitis								
Sexuality								
Cholesterol								
Triglycerides								
H.D.L.								
B.S.L.								
Cancer:								
Skin								
Colorectal								
Mammogram								
Pap.								
HIV								
Other								

NOTES: (e.g. RISK FACTORS)