

CARE AND LEGAL STATUS

Are any third parties (eg DHHS) involved in the care or custodianship of the patient? Yes No

Organisation

Contact Person

Contact Phone Number

Are there any Court Orders relating to the care or custodianship of the patient? Yes No

Please provide details

BIRTH AND DEVELOPMENTAL HISTORY

Please complete if known.

Born at	weeks	Vaginal Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	Caesarean <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth weight		Apgar Scores	&
Sat up at	months	Crawled at	months
Walked at	months	Spoke first word at	months
Vision last checked		Hearing last checked	

Immunisations up to date Yes No

Current medications

CHILD'S MEDICAL HISTORY

Please detail the patient's medical history (including during pregnancy).

FAMILY MEDICAL HISTORY

Please detail relevant medical history in the family. For example: grandparents, parents, siblings, cousins, aunts/uncles with mental illness, heart disease, asthma, intellectual disabilities, etc.

CURRENT CONCERNS

Please outline your current concerns. More detailed notes can be attached, if needed.

PRIVACY AND INFORMATION

Eltham Paediatrics is committed to best practice in relation to the management of the information we collect. Our Privacy Policy has been developed in compliance with the Privacy Act 1988 (Cth).

To provide the best health care to your child, Eltham Paediatrics requires your consent for the collection, recording and appropriate or necessary communication of relevant personal health information. By proceeding with the establishment of a file for your child, you have indicated your consent for any private health care information provided, obtained or recorded during your health care relationship with Eltham Paediatrics to be kept and managed in accordance with our Privacy Policy.

I have read the Eltham Paediatrics Privacy Policy.

A copy of our Privacy Policy is available on our website. If you have any questions or concerns, please do not hesitate to contact us on 03 9437 0552 or email hello@elthampaediatrics.com.au.

PARENT / GUARDIAN ACKNOWLEDGEMENT

I consent to the collection, recording and appropriate or necessary communication of relevant personal health information as outlined in Eltham Paediatrics' Privacy Policy.

I consent to being contacted via SMS.

I assign my right to benefits for bulk-billed phone calls or appointments to the health professional who rendered the service, where applicable.

I understand:

- my child must attend all appointments
- I am responsible for the payment of fees at the time of the appointment
- there will be an out-of-pocket expense for appointments
- it is my responsibility to make sure there is a valid GP referral for each visit
- the Medicare Rebate can only be claimed if the patient has a valid referral and attends the appointment.

I have had the opportunity to ask questions and clarify any concerns.

Patient Name

Date

Parent/Guardian Name