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| --- | --- |
| \*\* \*\*ACT Health Email: [SKIP@act.gov.au](mailto:SKIP@act.gov.au)  Fax: 6205 1198 | Affix patient label  **URN:**  **Surname:**  **Given name(s):**  **Date of Birth:**  **Gender:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Given names: | | Surname: | | | | |
| Usual address: | | | | | | |
| **Next of Kin** | | | | | | |
| Name:  Relationship:  Phone: Home:      Mobile:  **Message authorisation:**  Home  Mobile  SMS | | | | | | |
| Name:  Relationship:  Phone: Home:      Mobile:  **Message authorisation:**  Home  Mobile  SMS | | | | | | |
| **Demographic Details** | | | | | | |
| Country of birth:  Interpreter:  Language spoken:  Identifies as: | | | | | | |
| **Living Arrangements**    If other, please specify: | | | | **Funding Type (if applicable)**  Medicare number:  Health Care Card | | |
| **Accommodation Setting** | | | | | | |
| If other, please specify: | | | | | | |
| **Medical Practioner** | | | | | | |
| GP name:  Phone:  Specialist name:  Phone: | | | | | | |
| Alerts / Allergies: | | | | Other Alerts: (Behavioural, Environmental) | | |
|  | **Services Requested** | | | **Clinical Reason for Service** | | |
| 1. |  | | |  | | |
| 2. |  | | |  | | |
| 3. |  | | |  | | |
| Consent from consumer obtained? | | | | | | |
| **Current Clinical History** | | | | | | |
| Blood Pressure:  Medications: | | | | | | Height:      cm     %ile  Weight:       Kg     %ile  BMI:     %ile for age:  Waist circumference:      cm |
| **Past Medical History** | | | | | | |
|  | | | | | | |
| **Social Details** | | | | | | |
|  | | | | | | |
| **Other Services** | | | | | | |
| **Has the child been referred to other services?**  If Yes please list | | | | | | |
| **Other Service** | | | **Agency** | | | |
|  | | |  | | | |
|  | | |  | | | |
| **Investigations** | | | | | | |
| **Has the child had any medical investigations?**  If Yes please list / attach | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Referrers Details** | | | | | | |
| Referral agency:  Contact name:  Phone/Mobile:  Fax:  Email: | | | | | | |
| Delegation: | | | | | Date: | |
| Print name: | | | | | | |
| Signature: | | | | | | |