inclusive DIRECTIONS
Early Intervention and Behaviour Support

Medical History form

Client Details		Insert Photo Here
Childs Name:	Date Of Birth:	
Medical Practitioner:	Parent/Carer:	
Medical Practice Telephone:	Parent/Carer Telephone:	
Specialist:	Parent Carer Address:	
Specialist Telephone No:	Medicare Card No:	
Specialist Centre/Hospital:	Health Care Card: Yes ☐ No ☐	
Specialist Centre/Hospital Address:	Health Care Card No:	

Section A – Health Conditions/Needs: Diagnosis(S): List Below

	Medic Alert			Medic Alert			Medic Alert	
	Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐
	Yes ☐	No ☐		Yes ☐	No ☐		Yes ☐	No ☐

Medical History

Are you under a physician's care now? Yes ☐ No ☐ If yes, please explain: ______________________

____

Have you ever been hospitalized or had a major operation? Yes ☐ No ☐ If yes, please explain: ______________________

____

Have you ever had a serious head or neck injury? Yes ☐ No ☐ If yes, please explain: ______________________

____

Are you taking any medications? Yes ☐ No ☐ If yes, please explain: ______________________

____

Are you on a special diet? Yes ☐ No ☐ If yes, please explain: ______________________

____

Do you have any allergies we should be aware of? Yes ☐ No ☐ (if yes you will be required to complete a separate form)

Do you have any seizures we should be aware of? Yes ☐ No ☐ (if yes you will be required to complete a separate form)

Do have Asthma? Yes ☐ No ☐ (if yes you will be required to complete a separate form)

Medical History form

PLEASE PROVIDE INFORMATION ON ANY OTHER MEDICAL CONCERNS WE SHOULD BE AWARE OF:

____

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To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or clients) health. It is my responsibility to inform the Flinders Therapy House office of any changes in medical status.

SIGNATURE OF PATIENT, PARENT, or GUARDIAN ________________________________ DATE ______________

Melrose Park
1 / 34-40 Bennet Ave
Melrose Park SA 5039

Salisbury
28B Commercial Rd
Salisbury SA 5108

Regional
Mt Gambier
By Appointment

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