



J·M LYMPHOEDEMA CLINIC

MEDICAL HISTORY FORM

Please complete prior to your first consultation and email to
mewburnj@bigpond.net.au.

TITLE

SURNAME

GIVEN NAMES

ADDRESS

POST CODE

PHONE

EMAIL

DATE OF BIRTH

GENDER

IF UNDER 18 YEARS OF AGE: PARENT / GUARDIANS NAME/S

GENERAL PRACTITIONER

SUBURB

DO YOU HAVE PRIVATE HEALTH INSURANCE THAT COVERS MASSAGE?

HOW DID YOU HEAR ABOUT US?

CURRENT OCCUPATION

DO YOU REGULARLY EXERCISE? PLEASE SPECIFY

WHAT IS YOUR REASON FOR THIS VISIT

DO YOU HAVE LYMPHOEDEMA? PLEASE PROVIDE A BRIEF HISTORY

ARE YOU CURRENTLY UNDERGOING ANY CANCER TREATMENTS? PLEASE SPECIFY

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS? PLEASE SPECIFY





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ARE YOU CURRENTLY TAKING ANY MEDICATIONS? PLEASE SPECIFY

DO HAVE ANY ALLERGIES? PLEASE SPECIFY

ARE YOU CURRENTLY EXPERIENCING ANY PAIN? PLEASE INDICATE THE SEVERITY

NO PAIN 1 2 3 4 5 6 7 8 9 10 HIGH PAIN

ARE YOU CURRENTLY WEARING ANY COMPRESSION GARMENTS? PLEASE SPECIFY

WHEN COMING TO YOUR INITIAL CONSULTATION, PLEASE BRING ANY COMPRESSION GARMENTS YOU ARE WEARING WITH YOU.

It is the policy of J.M LYMPHOEDEMA CLINIC that payment of consultation fees is required at the time of consultation. We hold your appointments just for you & ask that if you must cancel or reschedule any appointment, you please provide us with 24-hour notice. . Please read our privacy statement below prior to signing this document.

SIGNATURE

DATE

WELCOME! YOUR PRIVACY IS IMPORTANT TO US

This practice takes great care to ensure that our information records are accurate and treated with full regard to the privacy of our patients. We are pleased to discuss our procedures with you, and to amend any inaccuracies in your records. We only collect information from our patients that are necessary for good health care, and aim to ensure that any information we hold is accurate, complete and up-to-date. The health information we hold helps us provide our patients with the best possible health care, and is normally disclosed only to others – such as your doctor – involved in your treatment. If we need to disclose information about you to people other than those associated with your treatment, we will seek your permission first. Occasionally we may be involved in research on health issues. If any data from this practice is used in research, it will not include information that identifies our patients, unless special circumstances apply.

Health information from this practice is also sometimes used for quality assurance or clinical audit activities, which help improve the treatment and service we provide. Data used for these purposes is normally de-identified to protect the privacy of our patients.

This practice has systems in place to protect the security of our health records. Nobody other than our staff has access to these records, they are kept in a secure location, and no unauthorized person has access to them. Records of patients who no longer attend this practice are destroyed or permanently de-identified when no longer needed.

In line with normal business procedures, this practice maintains contact lists and mailing lists of people (other than patients) with whom we do business or wish to contact from time to time.

This practice is bound by the Privacy Amendment (Private Sector) Act 2000, and operated in accordance with the Code of Conduct of the Australian Traditional Medicine Society. If you would like to discuss any aspects of our privacy policy, or review your health records, please advise your practitioner.