



# EXERCISE PHYSIOLOGY SOUTH

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## PATIENT INFORMATION

<b>Full Name</b>			
<b>Date of Birth</b>			
<b>Residential Address</b>			
<b>Postal Address</b>			
<b>Home Phone</b>		<b>Mobile</b>	
<b>Email Address</b>			
<b>Occupation</b>			
<b>Medicare No.</b>		<b>Expiry Date</b>	
<b>DVA No.</b> <b>Gold / White (please circle)</b>		<b>Expiry Date</b>	
<b>Concession Card No.</b>		<b>Expiry Date</b>	
<b>Private Health Member No.</b>		<b>Fund Name</b>	
<b>Next of Kin (Name)</b>			
<b>Relationship to patient</b>			
<b>Phone Number</b>			
<b>Do you identify as Aboriginal</b>			<b>Yes / No</b>
<b>Do you identify as Torres Strait Islander</b>			<b>Yes / No</b>
<b>Do you consent to SMS contact / reminders from us?</b>			<b>Yes / No</b>
<b>Do you consent to photographs of you being used to promote this organisation?</b>			<b>Yes / No</b>

## HEALTH INFORMATION

<b>Have you been diagnosed with heart disease?</b>			<b>Yes / No</b>
Do you take medication for heart disease?			Yes / No
<b>Have you been diagnosed with lung disease?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you been diagnosed with Type 2 Diabetes Mellitus?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you been diagnosed with high blood pressure (Hypertension)?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you been diagnosed with high cholesterol?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you suffered a stroke or TIA?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you been diagnosed with dementia or similar?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Do you have osteopenia or osteoporosis?</b>			<b>Yes / No</b>
Medication?			Yes / No
<b>Have you had any joint surgery or replacement?</b>			<b>Yes / No</b>
Brief details:			
<b>Do you take any other medications?</b>			<b>Yes / No</b>
<b>Do you smoke?</b>	<b>Yes / No</b>	<b>How many per day?</b>	
<b>Do you drink alcohol?</b>	<b>Yes / No</b>	<b>How much per day?</b>	

Please bring this completed form to your appointment if possible. Form can be emailed or faxed to the number / email address above prior to appointment if preferred.