



## Coochiemudlo Island Men's Shed Inc.

### MEMBER'S MEDICAL RECORD

*All information is optional but the more information you provide the better the care can be in an emergency.*

Please print in BLOCK LETTERS

Surname		First Name	
Address			Postcode
Phone No.		Mobile No.	
Date of Birth			

In case of emergency please contact (primary)

Name		Relationship	
Address			Postcode
Phone No.		Mobile No.	

In case of emergency please contact (secondary)

Name		Relationship	
Address			Postcode
Phone No.		Mobile No.	

Doctor's Name		Phone No.	
Address			Postcode

Pensioner Health Card	Yes	No	Card No.	
Veteran Affairs	Yes	No	Card No.	
Health Fund	Yes	No		
Health fund Name		Health fund Membership No.		

Do you live alone?

Yes

No

Do you have any existing medical conditions? If 'yes' please specify	Yes / No please circle			
Heart condition	Yes	No	Asthma	Yes No
Epilepsy	Yes	No	Diabetes Type 1	Yes No
High Blood pressure	Yes	No	Diabetes Type 2	Yes No
Low Blood pressure	Yes	No	Other:	

Medical Record: (recent operations, pacemaker, dentures, etc.)
Blood Group

Medications list	
Where are the medications located?	

Known Allergies

Signature		Date	
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