



8 Robynsons Road, Frankston South, Vic 3199  
Tel: (03) 5971 1349 Fax (03) 5971 1317

## MEDICAL EVALUATION FORM

### PART A (to be completed by applicant)

Surname : ..... Christian Names : .....

Current Address : .....

..... Postcode : .....

Date of Birth : ..... Martial Status : .....

Pension No. : ..... Repatriation No. : .....

Medicare No.: ..... Do you have Private Health Insurance ? Yes  No

Hospital Benefit Organisation : .....

Schedule : ..... Membership No. : .....

I, ..... authorise Dr. ....

To supply the following information regarding my medical history. I acknowledge that I have read and understand the privacy information contained in this document and in the Policy on Privacy brochure I received with this form.

Signed : .....

**PART B (to be completed by applicant's own doctor)**

**PAST medical history**

Summary of previous illnesses and operations .....

.....

.....

.....

Details of inpatient treatment given in hospital over the last **five years** :

.....

.....

Has the applicant a history of alcoholism or drug dependency?

If so, please give details .....

Drug or other allergies (if any) .....

.....

**PRESENT Medical History**

**MENTAL STATE**

Is the applicant fully alert and oriented? Yes  No

. If not, is applicant Occasionally confused? Yes  No

Has the applicant ever suffered from any psychiatric disorders? Yes  No

If yes, please give details : .....

.....

**SYSTEMS REVIEW**

**GASTRO INTESTINAL TRACT :**

Any relevant history? .....

.....

**CARDIOVASCULAR SYSTEM**

Any relevant history ? .....

.....

**RESPIRATORY SYSTEM**

Past history of lung disease ? Yes  No  Smoker ? Yes  No

If yes, please specify .....

**ENDOCRINE SYSTEM**

History of diabetes, thyroid or other disease ?.....

If yes, what therapy ? .....

.....

**GENITOURINARY SYSTEM**

Any relevant history ? .....

**MUSCULOSKELETAL SYSTEM**

History of Arthritis/Osteoporosis or other disease ? .....

How disabled is the applicant ? By deformities ? .....

By pain ? .....

Does applicant have any joint prostheses ? Yes  No

If yes, please specify .....

**SKIN**

Any skin disorder ? .....

**HAEMOPOETIC SYSTEM**

History of Anaemia/Blood Dyscrasias ? .....

If yes, what therapy ? .....

**CNS**

Relevant history .....

.....

Has the applicant suffered a stroke ? .....

If yes, what is residual disability ? .....

Does applicant suffer from headaches /fits/ falls/ dizziness/ vertigo .....

**SENSES**

Hearing normal ? Yes  No

If no, please give details .....

Hearing Aid ? Yes  No

Vision normal ? Yes  No

If no, please give details .....

**CURRENT MEDICATION**

.....

.....

.....

.....

**Examining Medical Practitioner**

What length of time has the applicant been attending your practice ? .....

Signed ..... Date .....

Please print name and address .....

..... Postcode ..... Date .....

**NOTE : THIS FORM MUST BE COMPLETED BY THE EXAMINING MEDICAL PRACTITIONER**

## **Privacy**

The Village Baxter takes its obligations under the Victorian Health Records Act 2001 and the Commonwealth Privacy Act 1988 seriously and would like to take all reasonable steps in order to comply and protect the privacy of the personal information that we hold. This policy sets out how we intend to do so.

## **Collection of information**

The Village Baxter collects and holds personal health information about you.

The Village Baxter collects information from you so that we may properly assess your suitability to live independently in the Village or qualify for entry into our Aged Care Facilities. All members of the professional team involved in your care will have access to your personal information. This means we may use and disclose the information you provide in the following ways:

- Disclosure to others involved in your healthcare, including treating ambulance and emergency service officers, doctors, pathology services, radiology services and other health professionals.
- Administrative purposes in running the Village Baxter, including our insurer or medical indemnity provider, and quality assurance and accreditation bodies.
- Billing purposes, including providing information to the Health Insurance Commission (Medicare) and other organisations responsible for the financial aspects of care services provided to you.
- Assisting with training and education of our staff.

In most cases we will obtain the information directly from you or your doctors if you have advised the Village of their name and contact details.

## **Information quality**

Our goal is to ensure that your information is accurate, complete and up-to-date. To assist us with this, please contact us if any of the details you have provided change. Further, if you believe that the information we have about you is not accurate, complete or up-to-date, contact us and we will use all reasonable efforts to correct the information.

## **Storage**

We will take all reasonable steps to protect the security of the personal information that we hold. This includes appropriate measures to protect electronic materials and materials stored and generated in hard copy.

## **Access to your personal information**

Access will be provided in accordance with our Access Policy. If you require access to your personal information please contact your doctor / clinician.

## **Contract**

We do not contract out data storage or processing functions.

## **Legal reasons why we collect personal information**

Some information we collect is in order to comply with our legal obligations such as compliance with the Retirement Villages Act, Aged Care Act or other relevant legislation.

## **What happens if you choose not to provide the information?**

You are not obliged to give us your personal information. However, if you choose not to provide the Village Baxter with the personal details required to assess your ability to live independently or your eligibility to enter our Aged Care Facilities, we may not be able to provide you our services.

## **Complaints**

If you have any complaints about our privacy practices or wish to make a complaint about how your personal information is managed please contact the Operations Manager. All complaints will be dealt with fairly and as quickly as possible.

A privacy complaint relates to any concern or dispute that you have with our privacy practices as it relates to your personal information. This could include matters such as how personal information is collected, stored used, disclosed or how access is provided. We prefer that your complaint is in writing but it can be made in person or by telephone or email.

If you are dissatisfied with the outcome of our handling of your complaint you may contact the Victorian Health Services Commissioner or the Federal Privacy Commissioner.

**Please read this information in conjunction with the Village Baxter Privacy Policy.**