

MEDICAL HISTORY

FACILITY: _____

TASMANIAN HEALTH ORGANISATION
– North

M.R.N.

SURNAME D.O.B.

SEX

OTHER
NAMES

PRESENTING COMPLAINT (Reason for Admission)

DATE:

TIME:

PAST HISTORY

MEDICATION HISTORY – Dose & Frequency (include prescription, over the counter medications, complementary & alternative therapies)

☐

Tick if recorded on page 1 (red box) of Inpatient Medication Chart (Medication taken prior to presentation to hospital)

Has there been any change in medications in the last month?

Yes

☐

No

☐

ADVERSE DRUG REACTIONS / ALLERGIES

FAMILY HISTORY

PRESENT ILLNESS – continue on reverse side if necessary

MEDICAL HISTORY – continued

ALL NOTES MUST BE DATED, SIGNED, SURNAME PRINTED AND DESIGNATION OF AUTHOR PRINTED, eg. 'RMO'

MEDICAL HISTORY

SOCIAL/CULTURAL CONSIDERATIONS