

DEADLY CHOICES HEALTH CHECK CONFIRMATION FORM

When you complete your health check at your trusted GP, please have them fill out this form and return to either your Deadly Choices Program Officer, or, Central and Eastern Sydney PHN.

Please note this is only available to clients in the Central Eastern Sydney Primary Health Network region.

This form certifies that (full name) _____

visited (practice name) _____ on the (date) _____

and received a 715 Health Check.

Name of Doctor:

Address of Practice:.....
.....
.....
.....

Stamp of AICCHS/GP

I confirm that the MBS 715 Aboriginal and Torres Strait Islander health Assessment has been completed for this patient,

Signature of health provider: _____

Date: _____

Shirt Preference:

Shirt size:.....

Cronulla Sharks

South Sydney Rabbitohs

NSW Blues

Indigenous All Stars

Patient's Postal Address:

.....

Phone number:.....

WHEN COMPLETED PLEASE RETURN FORM TO: aboriginalhealth@cesphn.com.au

