DEADLYCHOICES.COM.AU

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.
Please use block capitals to complete the fields below

This form certifies that (patients 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: _____

Please indicate the Patient's Shirt Preference:

Shirt size: Kids/ Adults

……

☐ **Cronulla Sharks**
☐ **NSW Blues**
☐ **South Sydney Rabbitohs**
☐ **Indigenous All Stars**
☐ **Sydney Roosters**

Patient's Postal Address: ……

……

Phone number:……

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