



To be completed by the attending Medical Practitioner (GP) in respect to an Application for residential aged care at a Carinity aged care community. If you prefer to complete this form online visit carinity.org.au/medicalhealthsummary.

Applicant's name Date of birth / /

How long has the Applicant been under your care?

CURRENT MEDICAL DIAGNOSES AND CONDITIONS

1.
2.
3.
4.
5.
6.

PAST MEDICAL DIAGNOSES AND CONDITIONS

1.
2.
3.
4.
5.
6.

DATES OF SIGNIFICANT INVESTIGATIONS AND OUTCOME e.g. Colonoscopy, CT Scan/s, Chest X-rays/s

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
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CURRENT MEDICATION

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

If the Applicant has received any of the below vaccinations please state what date the last dose was administered. Alternatively, please supply their current Immunisation History Statement.

COVID-19	/ /	Number of doses:	
Influenza	/ /	Hepatitis B	/ /
Pneumovax	/ /	Boostrix	/ /
Tuberculosis	/ /	Other	/ /
Hepatitis B	/ /	Other	/ /

Comments on the Applicant's general state of health and any other relevant care information?

GP DETAILS (please print, stamp is acceptable)

Name

Telephone () Fax ()

Signature Date / /