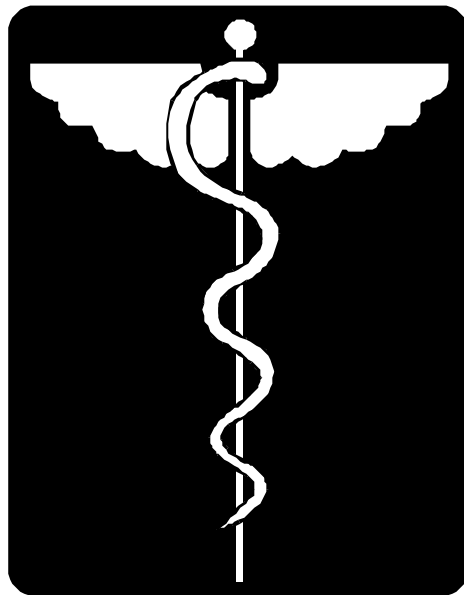

JUST DO IT !!!

Catalogue



A Guide for your GP outlining your expectations of the Consultation

Please hand your completed version to your GP if you think it would be helpful

.

Date:

PAST HISTORY YOU
SHOULD KNOW ABOUT

MEDICATIONS and other
Substances I use regu-
larly

CIGARETTE AND ALCOHOL
HISTORY



At some point I'd like to discuss the following

Alcohol and substance misuse

Breast Check

Testicular examination

Rectal examination

Eating disorder

Depression/anxiety/dysthymia

Sexual health and contraception

Financial issues

Relationship problems

Screening for diseases

Communicable diseases

Other issues that I feel uncomfortable about broaching spontaneously

Highlight areas you would like to touch on

ABOUT ME

Professional

Social/Family

Connections/The scheme of things

Hobbies/Interests

MY PREFERENCES, please

Charging.....Rebate only

Bulk Bill

Your discretion

Appointment time/place.....

First appointment

Anytime/anyplace

Out of surgery

Prescriptions.....

Most appropriate

Use up samples on me

Leave it to me

Referrals/tests.....Your choice

Specific provider

Bulk bill only

Follow up..... Only if abnormal

When it fits in

Be firm or I'll get slack!

Please highlight your preferences to help your GP help you, with a minimum of fuss.



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Dandenong
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