

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 your Deadly Choices Program Officer. Please note this is only available to clients in the Central Eastern Sydney Primary Health Network region.

PLEASE EMAIL FORM TO rallan@sharks.com.au ONCE COMPLETED.

This letter certifies that (full name) _____

visited (clinic) _____ on the (date) _____ and

received a 715 Health Check.

Name of Doctor: _____

Address of Practice: _____

- MBS715 Aboriginal and Torres Strait Islander health Assessment has been completed

Signature: _____

Date: _____

Shirt size:

Contact number:

Stamp of AICCHS/GP

