

Deadly Choices 715 Health Check Confirmation Form

This letter certifies that (Client Name) _____

visited (Clinic Name) on the (Date) _____
and received a 715 Aboriginal and Torres Strait Islander Health Check.

Name of Doctor: _____

Signature: _____

Shirt Preference
Number 1-5



Identify as: Aboriginal Torres Strait Islander Both

Date of Birth: _____ Gender: _____ Suburb: _____

Contact number: _____

Please return completed form to the Deadly Choices team via email deadlychoices@karadi.org.au or mail to Karadi Aboriginal Corporation, 4 Rothesay Circle, Goodwood, 7010

Disclaimer:

Please note that all shirts are subject to availability. We cannot guarantee that the specific shirt you have selected will be available at the time of fulfilment. For any issues or concerns, please contact Karadi, and a Deadly Choices representative will be in touch to assist you.

Stamp of GP