Dr JA Allan
Dr A Sykes
Dr S Taylor
Prof NP Stocks
Dr A Billington
Dr N Nourse
Dr H Gostlow
Dr O Maftei
Dr S Bainbridge-Smith

NEW PATIENT INFORMATION

Name: Mr, Mast, Mrs, Ms, Miss, Dr..D.O.B. ..../........./.........

Residential Address:

____

____ Postcode: _________________

Postal Address: (if different)

____

____ Postcode: _________________

Home Ph: ______________________ Mobile:__________________________________

Work Ph: ______________________ Email: __________________________________

I am happy to receive an SMS or an email for appointment reminders YES / NO

Do you consider yourself to be of Aboriginal or Torres Strait Islander descent? YES / NO

Other cultural group? YES / NO ____

Medicare Card No: ☐☐☐☐ - ☐☐☐☐☐ - ☐ Expiry: ....../......

Medicare Reference (number next to your ☐ name)

Pension details:

Health Care Card: ____ Exp: _______________

Pension: ____ Exp: _______________

DVA: ____ Gold Card: YES / NO

Other: ____ Exp: _______________

NEXT OF KIN

Name: _______________________________ Relationship: _________________________

Home Ph: _____________ Mobile: __________________ Work: ____________________

EMERGENCY CONTACT

Name: _______________________________ Relationship: _________________________

Home Ph: _____________ Mobile: __________________ Work: ____________________

PLEASE TURN OVER

Dr JA Allan
Dr A Sykes
Dr S Taylor
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Dr A Billington
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Dr H Gostlow
Dr O Maftei
Dr S Bainbridge-Smith

SIGNIFICANT FAMILY HISTORY: Please specify which family members and any other details

☐ Cancer____

☐ Heart disease____

☐ Diabetes____

☐ Hypertension____

☐ Other – please specify____

RELEVANT CURRENT CONDITIONS:

____

____

____

____

____

RELEVANT CURRENT MEDICATION:

____

____

____

____

____

PAST OPERATIONS/SURGERIES:

____

____

____

____

____

Do you smoke? YES / NO Cigarettes per day ______

Do you drink alcohol? YES / NO Standard drinks per day ______

KNOWN ALLERGIES:____

____

PATIENT CONSENT ***(or parent/guardian consent if under the age of 14)***

I _____________________________________ Hereby consent / do not consent (please indicate) to being part of National, State, Territory reminder system and or registers.

_____________________________________ *Date: ____/______/_________*

(Signature)