

HILLS MEDICAL SERVICE PTY LTD

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Aldgate SA 5154

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Dr P L Johns
Dr J A Allan
Dr A D Sykes
Prof N Stocks
Dr M L Overton
Dr M A Morgan
Dr S E Taylor
Dr S Sibson
Dr T Landon

NEW PATIENT INFORMATION

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

Residential Address:

.....postcode.....

Postal Address: (if different)

Home ph:

Work ph:

Mobile: I am happy to receive an SMS 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:

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 Ref:

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 Expiry:/.....

Pension details:

Health Care Card: Exp:

Pension: Exp:

DVA: Gold Card: YES / NO

Other: Exp:

NEXT OF KIN

No 1.

Name: Relationship:

Home ph: Mobile: Work:

No 2. EMERGENCY CONTACT

Name: Relationship:

Home ph: Mobile: Work:

PTO

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

- Cancer.....
- Heart disease.....
- Diabetes.....
- Hypertension.....
- Other – please specify:.....

RELEVANT CURRENT CONDITIONS:

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RELEVANT CURRENT MEDICATION:

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PAST OPERATIONS/SURGERIES:

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Do you smoke? YES / NO Cigarettes per day.....

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

KNOWN ALLERGIES:

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PATIENT CONSENT

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

(signature) Date: