



New Patient Information Form

TITLE: MR MRS MS MAST MISS				
LAST NAME:			FIRST NAME:	
D.O.B.: / /			PREFERRED NAME:	
DO YOU HAVE A CONCESSION CARD?				
<input type="checkbox"/> PENSION CARD NO:		<input type="checkbox"/> HEALTH CARE CARD NO:		<input type="checkbox"/> SENIORS HCC NO:
EXPIRY DATE: / /		EXPIRY DATE: / /		EXPIRY DATE: / /
MEDICARE NUMBER:			REF NO:	EXPIRY DATE: /
RESIDENTIAL ADDRESS:				
SUBURB:		STATE:	POST CODE:	
POSTAL ADDRESS				
HOME PHONE:		WORK:	MOBILE:	
EMAIL:				
MARITAL STATUS:		SINGLE	MARRIED	DIVORCED
		SEPARATED	DEFACTO	WIDOWED
OCCUPATION:				
NEXT OF KIN CONTACT			EMERGENCY CONTACT	
FULL NAME:			FULL NAME:	
ADDRESS:			ADDRESS:	
PHONE NUMBER:			PHONE NUMBER:	
RELATIONSHIP TO PATIENT:			RELATIONSHIP TO PATIENT:	

To Assist with Health Initiatives: Are you...
 Aboriginal: Yes NO
 Torres Strait Islander: Yes NO

Ethnicity:

Height:cm Weight:kg

Social History:

Tobacco – NO Tobacco – YES, Per day/week OR Ceased smoking:/...../..... N/A
 Alcohol – NO Alcohol – YES, Per day/week/month N/A

Health History – Do you have or have had a history of:

Hypertension Asthma Operations:
 Diabetes Chronic Illnesses Other: N/A

Family History – Have any members of your family had:

Hypertension Asthma Cancer Other:
 Diabetes Heart Disease Stroke N/A

Allergies – Do you have any allergies or are you sensitive to any drugs or dressings?

NO YES – Please specify:

Preferred method of communication: SMS Email Phone Letter

I understand that my personal health information will be disclosed to other health providers directly involved in my personal health care or medical treatment. If you do NOT agree to have your personal health information disclosed, please advise our staff. Our practice provides our patients with preventative care and early case detection reminders e.g., immunisations, annual health checks, skin checks and pap smears. If you do not wish to receive such reminders, please advise our nursing staff.

Signature:

Date:

If not, the patient signing, please print your name:

I HAVE READ THE INFORMATION PROVIDED AND WOULD LIKE TO REGI