

Title:  Dr  Mr  Mrs  Miss  Ms  Other:

First Name:

Surname:

DOB: Gender:  Female  Male  Un-specified

Are you of Aboriginal Ethnicity?  Yes  No If no, Ethnicity (country of birth):

Are you of Torres Strait Islander Ethnicity?  Yes  No

Address:

Street No/Street:

Suburb:

Postcode:

Phone: (Home)

Phone: (Work)

Phone: (Mobile)

Email:

Preference to be contacted:

Home Phone  Work phone  Mobile  SMS  Email



Card Number:

IRN:

Expiry Date:



Pensioner Card / Health Care

Expiry Date:

Card Number:

Card type:  Pensioner Concession  Health Care  Commonwealth Seniors Health Care



Veterans Affairs Card Number:

Gold

Expiry Date:

White

Safety Net Number:

Orange

Occupation:

*(helps us identify industry specific medical concerns)*

**Next of Kin:**

Contact Name:

Contact Number:

Relationship to you:

Is this person also your emergency contact?  Yes  No

If no,

Emergency contact number:

emergency contact name:

Relationship to you:

Do you have any Allergies?

None known  Penicillin  Latex  Keflex  Codeine  Adhesives/Bandages

Other, please list:

Do you consent to the following:

SMS reminders for appointments

Recalls for preventative health

Receive information regarding new services promoting preventative health care

share your health information with other health professionals eg hospitals, specialists etc

PATIENT SIGNATURE:

DATE:

**Privacy Disclaimer:** *(A copy of our Privacy Policy is available upon request. Please ask at reception or visit our website)*

All patient information is considered private and confidential and is only accessible to authorised staff members. Due to the Privacy Act we need to know if at any time someone else may be collecting personal information for yourself i.e. picking up prescriptions or referrals. If this is something you may need to do, please ask at reception for a form to complete so that we have this information readily available when needed.