

New Patient Form

Date of Initial Consultation: / /

Title: Mr Mrs Ms Miss Master Dr

Last Name: Given Name(s):

Date of Birth: Gender:

Medicare Number: Ref No: Valid to:

Do you have a Health Care / Pension / DVA Card? Yes No

Are you of Aboriginal or Torres Strait Islander origin?
 No Yes, Aboriginal Yes, Torres Strait Islander Both, Aboriginal and Torres Strait Islander

What is your cultural background/Country of birth?

Is English your first language? Yes No If not, do you require an interpreter? Yes No

Street Address:

Suburb: Postcode:

Home Phone No: Work Phone No:

Mobile No: Email: @

What is the best way for us to contact you? Home Phone Work Phone Mobile

Can we SMS appointment reminders to you? Yes No

Can we leave a message on your message-bank regarding an appointment? Yes No

Can we leave a message with a family member who answers the phone regarding an appointment? Yes No

If yes - please state their name and relationship to you:

Can we put your name on a formal reminder system for preventive care? Yes No

PLEASE SIGN HERE TO CONSENT TO THE ABOVE:

Emergency Contact: Relationship: Ph No:

Next-of-Kin: Relationship: Ph No:

Please list any allergies:

Smoking: Non-smoker Smoker - how many/day: Ex-smoker - year stopped:

Alcohol: Non-drinker Drinker - how many days/week: How many std drinks/day:

What recreational activities do you participate in?

..... Elite athlete? Yes No

Marital Status: Occupation:

Accommodation: Own home Nursing home Other:

Live with: Alone Spouse Other:

Privacy Statement:
 We value your privacy. All information about you is kept in the strictest confidence and we operate in accordance with the *Privacy Act (1988)* and *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. We are committed to protecting your privacy and ask for your consent for the use and disclosure of your personal health information as required during your health care.

I CONSENT TO THE USE AND DISCLOSURE OF MY PERSONAL HEALTH INFORMATION AS REQUIRED FOR MY HEALTH CARE

Signature: Date: