

New Patient Form

Personal Details:

Title	Surname	Given Name(s)

DOB	Gender (please circle)	Marital Status (please circle)
__ / __ / __	Male / Female	Single / Married / De Facto / Separated / Divorced / Widowed

Medicare Card Number	
Reference Number	Expiry Date

Concession card type (Please circle)	Pension Card / Seniors Card / Healthcare Card
Card Number	Expiry Date

Address	
Postal Address	
Email Address	

Home Number		Mobile Number	
Work Number		Other	

Next of Kin Name	
Next of Kin Phone Number	
Relationship to you	
Emergency Contact Name	
Emergency Contact Number	
Relationship to you	

ETHNICITY - Knowing your cultural background can help us provide tailored healthcare

Are you of ABORIGINAL or TORRES STRAIT ISLANDER origin? (Please circle)
Aboriginal / Torres Strait Islander / Aboriginal and Torres Strait Islander / None

Other cultural background / Country of Birth

MEDICAL INFORMATION

Do you have any known allergies/intolerances?

Allergy	Reaction

Other Medical Conditions/relevant history

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Current Medications

SOCIAL/LIFESTYLE HISTORY

Do you drink alcohol? (please circle) YES / NO

If yes how many days do you drink? _____ How many drinks?

Do you smoke? (please circle) YES / NO / FORMER SMOKER

How many cigarettes do/did you smoke per day? _____

FAMILY HISTORY (Please Circle)

No known family history / Adopted				
Mother	Alive		Deceased	
	Cause of Death		Age at death	
	Diabetes	Hypertension	Heart Disease	
	Stroke	Colon Cancer	Depression	
	Breast Cancer	Other		
Father	Alive		Deceased	
	Cause of Death		Age at death	
	Diabetes	Hypertension	Heart Disease	
	Stroke	Colon Cancer	Depression	
	Breast Cancer	Other		

PRIVACY AND CONSENT

Our Privacy Policy is available at reception advising you of your rights relating to the collection, use and disclosure of your personal information. Third party health providers via referral letter: Information used for a referral letter, is automatically extracted by our medical software via a template document. The templates in our medical software are manually populated with only the relevant and appropriate information as per each individual specialist referral.

Our practice does not transfer patient information / documentation overseas.

Our practice uses an electronic appointment reminder system via HotDoc® to provide preventative care for our patients, to manage patients with chronic disease and to ensure important health checks are performed. The practice sends reminders by SMS, telephone or post for procedures such as vaccinations and other health reviews.

I understand and consent to the above YES / NO

SIGNATURE OF PATIENT or GUARDIAN _____
DATE ____/____/20__