

Title	Mr.	Mrs	Ms	Miss	Gender : M / F	Transgender: Y/N
Marital Status	Married	Single	De Facto	Widow	Divorced	Separated
First Name						Date of birth:
Surname						
Country of birth:	Yr of arrival in Aust:			Spoken language:		
Street Address						
Suburb & Post Code						Ethnic Origin:
Home Phone:	Work Number:					
Mobile Phone:	Occupation:					
Medicare Number:	Ref :			Expiry Date:		
DVA Gold /White (Please circle):				Expiry Date:		
Pension Number:				Expiry Date:		
Health Care Card Number:				Expiry Date:		
Private Health Cover : (Hospital Cover) <input type="checkbox"/> Top Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> None						
Next Of Kin: Name:			Emergency Contact: Name:			
Contact number:			Contact number:			
Relationship:			Relationship:			

**To help with health initiatives – are you Aboriginal or Torres Strait Islander?**

Yes – Aboriginal  Yes – Torres Strait Islander  Yes – Aboriginal & Torres Strait Islander  No

**I consent to be added to any recall list (Please tick)**

Recall by  Letter or  Phone Call

**I consent to share my information with other**

Healthcare Providers Yes or No

**Are you Allergic to anything?**

Yes (if yes please list below)  No Reaction (circle one): mild / moderate / severe

**Any major medical illnesses or surgery in the past and year of diagnosis?**

*(Like: Diabetes, asthma/COPD, Cancer, hypertension, Chronic illness, orthopaedic or cosmetic surgery)*

**Are you on any Medications that you have regularly?**

**Tobacco:**  Never smoked  Ceased Smoking (year quit).....  Smoker..... per day/week

**Alcohol:**  Non-drinker  Drinker ..... Number of drinks per day / week / months

How often would you drink more than 6 drinks per day? .....

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Privacy Information**

We need this information to provide you with the best quality of care. Our practice follows the guidelines of The Royal Australian College of General Practitioners Handbook for the management of health information in private medical practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.