



New Patient Information Sheet

Title: _____ Surname: _____ Given Names: _____

Address: _____ Suburb _____ Postcode _____

Mobile _____ Home Tel: _____ Work Tel: _____

Date of Birth: _____ Email: _____

Medicare Number:

Photo ID/Driver's License checked

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Position on Card: _____

Expiry: _____

DVA Gold/White

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Expiry: _____

Health Care Card: (if applicable) _____ Expiry: _____

Pension Card: (if applicable) _____ Expiry: _____

Commonwealth Seniors Card: : (if applicable) _____ Expiry: _____

Next of Kin Name: _____ Relationship to patient _____

Next of Kin Address: _____ Ph: _____

Emergency Contact name: _____ Relationship to patient _____

Emergency Contact Address: _____ Ph: _____

Reminder Systems:

Our practice provides our patients with preventative care and early case detection reminders. For example immunisation, annual health checks, and pap smears.

If you **DO NOT** want to be reminded via **sms** or **email** please tick this box.

Cultural Background:

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Do you identify with any of the following? Please circle

Aboriginal

Torres Strait Islander

Other: _____

* It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff. If you would like to see our practice policy, please ask our receptionists.