

# New Patient Form



We wish to acknowledge we live and work on the lands of the Kurna people; we pay our respect to Elder's past, present and emerging.

Title	Surname	Given Name	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Birth Sex	Gender	Pronouns (i.e. he/she/them)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare Card Number	Reference Number	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pension, Health Care or DVA Number	Type	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Marital Status	Occupation
<input type="text"/>	<input type="text"/>

Home Address	Postcode
<input type="text"/>	<input type="text"/>

Postal Address	Postcode
<input type="text"/>	<input type="text"/>

Telephone Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email
<input type="text"/>

Next of Kin Name	Phone Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact Name	Phone Number	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you of Aboriginal or Torres Strait Islander origin?

No ☐      Aboriginal ☐      Torres Strait Islander ☐

Ethnicity:	Country of Birth:	Preferred Language:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please notify us promptly of any changes to your contact details.**

MEDICAL HISTORY

Height

Weight

Blood Type

Alcohol Intake:

Non-Drinker

Days Per Week

Standard Drinks Per Day

Smoking Status:

Non-Smoker

Ex-Smoker

Current Smoker

Medical Condition(s):

Regular Medications and Doses:

Allergies/Adverse Reactions:

## CONSENT

Our Practice uses a reminder system to help maintain your health. The reminders are sent by post, telephone or SMS.

I consent to being contacted with reminders.

Yes

☐

No

☐

---

Our Practice sends information to the National Cancer Screening Register (e.g. Cervical Cancer and Bowel Cancer Screening Registers). These registers also send reminders, which can be helpful if you move.

I consent to my information being sent to these registers.

Yes

☐

No

☐

---

Our Practice also sends information to My Health Record. My Health Record allows your healthcare provider to upload or access important information, such as allergies, medical conditions, blood test/imaging results, hospital discharge summaries and your immunisation history.

I consent to my information being sent to My Health Record.

Yes

☐

No

☐

---

Patient/Guardian Signature

Date