

Title: Mr Mrs Ms Miss Master Dr Other:

First Name:

Surname:

D.O.B:

Birth Sex: Female Male Other:

Optional

Gender Identity: Female Male Non-binary Transgender
 Gender Diverse Different identity:

Pronouns: She/Her/Hers He/Him/His They/Them/Theirs

Are you of Aboriginal Ethnicity? Yes No If no, Ethnicity (country of birth):

Are you of Torres Strait Islander Ethnicity? Yes No

Address:

Street No./Street:

Suburb:

Postcode:

Phone: (Home)

Phone: (Work)

Phone: (Mobile)

Email:

Preference to be contacted:

Mobile phone Home phone Work phone SMS Email



Card Number:

IRN:

Expiry Date:

Australian Government
Services Australia

Pensioner / Health Care*

Card Number:

Expiry Date:



* Services Australia issued Concession cards only

**Concession
Card Type:**

Pensioner Concession Health Care Commonwealth Seniors Health Care



Veterans Affairs Card Number:

Gold Expiry Date:

White

Safety Net Number:

Orange

Occupation:

(helps us identify industry specific medical concerns)

Next of Kin:

Contact Name:

Contact Number:

Relationship to you:

Is this person also your emergency contact? Yes No

If no, **Emergency Contact**

Contact Name:

Emergency Contact
Number:

Relationship to you:

Do you have any **Allergies?**

None known Penicillin Latex Keflex Codeine Adhesives/Bandages
 Other, please list:

Please tick to confirm your **consent** for the following:

SMS reminders for Appointments Recalls Clinical Reminders Health Awareness
 Recalls for preventative health
 Receive information regarding new services promoting preventative health care
 Share your health information with other health professionals e.g. hospitals, specialists etc

PATIENT SIGNATURE:

DATE:

Privacy Disclaimer: *(A copy of our Privacy Policy is available upon request. Please ask at reception or visit our website)*

All patient information is considered private and confidential and is only accessible to authorised staff members. Due to the Privacy Act we need to know if at any time someone else may be collecting personal information for yourself i.e. picking up prescriptions or referrals. If this is something you may need to do, please ask at reception for a form to complete so that we have this information readily available when needed.