



PATIENT IDENTIFICATION / INFORMATION SHEET

All information provided will be held in the strictest confidentiality

Personal Details

Title Surname Given Names

Home Address Post Code

Postal Address Post Code

Telephone No. Work No. Mobile No.

Date Birth / / Gender Marital Status
Single Married De facto Separated Divorced Widowed

Medicare No. Medicare Reference No. Expiry Date / /

Pension, Health Care or Veterans Affairs No. Type of Veterans Affairs card Expiry Date / /

Occupation

Email

Who can we contact in an emergency?

Next of Kin Telephone (hm / wk) Mobile No.

Address

Relationship

Emergency Contact (may be same as above) Work No. Mobile No.

Do you have an advance health directive for end of life care?
(If yes, please discuss with your doctor)

Yes No

Cultural Background

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

Are you of Aboriginal or Torres Strait Islander?

No Yes, Aboriginal Yes, TSI Yes, Aboriginal and TSI

Other Cultural Background (eg. Asian, African)

Country of Birth

Is English your first language?
Yes No

If no, please specify first language

Allergies & Medications

| List allergies and intolerances to medications |
|--|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| Describe your reaction |
|------------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| List regular medications and doses, and complementary medicines and doses |
|---|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Immunisations

| Immunisation / Date administered |
|----------------------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Consent

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for upcoming appointments, recalls, vaccinations, pap smears and other health reviews.

I consent to being contacted with reminders to help me maintain my health:

Yes No

Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders, which can be helpful if you move.

I consent to being contacted with reminders to help me maintain my health:

Yes No

Signature of patient or guardian

Date

Transfer of Health Information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Please advise us if your contact information or Medicare details change.