

NEW PATIENT INFORMATION SHEET

Title Mr. Mrs. Miss. Ms. (Please circle)

First NameKnown as.....Surname.....

Date of BirthSex Female/Male

Medicare NumberExp date.....

Ref No.(to left of Name on Medicare Card)

DVA File Number (if applicable)..... Opt out of Text Message reminders/alerts

Cultural Background (e.g. Country of birth)Year of Arrival into Australia.....

To assist with Health Initiatives are you Aboriginal or Torres Strait Islander ?

Aboriginal Yes / No Torres Strait Islander Yes / No

Allergies known.....(Enter in MD)

Diseases known.....(Enter in MD)

Address

.....

Phone No.....Work No.....Mobile.....

Pension Card No.....Exp date..... Health Care Card No.....Exp date.....

Veteran Affairs File No.....

Private Medical Cover Yes / No.....Basic Intermediate Top Cover

Name of Health Fund..... (Enter in MD)

Marital Status.....Occupation.....

Next of KinRelationship.....

Address

Home PhoneWork Phone.....Mobile.....

Emergency Contact (if different from next of kin, person we can contact if needed) (Enter in PS & MD)

NamePhone No.....Mobile.....

Tick to opt out of Text Message reminders/alerts

By signing this form I acknowledge that I have read the Privacy and Confidentiality Policy and understand the requirements of the Everton Hills Medical Centre and myself in how to manage my personal information whilst attending Everton Hills Medical

Centre. Signature.....Date.....

Scan