

## Patient Information Form

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Contact Information	
Title: (Please circle)	Mr Mrs Ms Miss Mast Dr Other
Surname:	
First Name:	
Date of birth:	
Signature:	
Street Address:	
Suburb and postcode:	
Home number:	
Mobile number:	
Email:	

### Contacting you

Our practice provides our patient with preventive care and early case detection reminders e.g. cervical screenings, immunisations, skin checks and annual health checks. We may also need to contact you about results and your healthcare.

### How can we you for the above information?

Mail:  Yes  No

Phone:  Yes  No

SMS:  Yes  No

Email:  Yes  No

Healthcare Identifiers	
Medicare:	Ref: Expiry:
Dept of Veterans' Affairs File Number:	<input type="checkbox"/> Gold <input type="checkbox"/> White
Concession (Pension/ Health care) Card number:	Expiry:
Private Health Insurance:	Expiry:

**Do you consent to be contacted for the following; appointment reminders, clinical reminders, results & clinical messages and health awareness**

Yes  No

If NO, please specify:

Emergency Contact	
Name:	
Phone number:	
Relationship to you:	

### ID Check (18 years +) (For

Office Use)

Yes  No

Next of Kin	
Name:	
Phone number:	
Relationship to you:	

**Our practice will need to collect your personal information to provide healthcare services to you. Our privacy policy for patient is available at reception and on the noticeboard in the waiting room as well as on our website**

Cultural Identity	
Australia is a genuinely multicultural society. To help our practice support the healthcare needs of our patients from different cultural backgrounds, please fill in the following sections:	
Do you identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes – Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal and Torres Strait Islander
Nationality/Ethnicity:	
Language spoken at home:	
Do you require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Language required:

