

NEW PATIENT INFORMATION FORM

BENNETTS ROAD FAMILY PRACTICE

We are committed to providing patients with the best care. To do this it is essential that your personal information is accurate and up to date

<i>Male</i>	<i>Female</i>	<i>Other</i>	<i>Mr</i>	<i>Ms</i>	<i>Mrs</i>	<i>Miss</i>	<i>Master</i>	<i>Dr</i>
SURNAME:			GIVEN NAME:					
DATE OF BIRTH:			ETHNICITY:		Aboriginal		Torres Strait Islander	
Australian, Non-Indigenous			Other Cultural Background (Please Specify):					
RESIDENTIAL ADDRESS:								
SUBURB:			POSTCODE:			OCCUPATION:		
HOME PH:			MOBILE:			EMAIL:		
MEDICARE CARD #:			REF NO (next to your name):			EXP DATE:		
PENSION CARD NUMBER or			HEALTHCARE CARD #:			EXP DATE:		
DEPT. VETERANS AFFAIRS NO. (if applicable):						EXP DATE:		
NEXT OF KIN (name):			Ph No:			RELATIONSHIP:		
EMERGENCY CONTACT 2:			Ph No:			RELATIONSHIP:		
PAST OPERATIONS AND/OR MEDICAL CONDITIONS:								
CURRENT MEDICATIONS:								
FAMILY HISTORY: (Please specify which relative - Diabetes, Asthma, Heart Disease, Mental Illness, Cancer etc)								
ALLERGIES:								
SMOKING HISTORY:			Non-Smoker		Ex-Smoker		Smoker	
ALCOHOL INTAKE:		Nil		Occasionally		Every Week, Light		Every Week, Moderate
								Heavy
Do you CONSENT to upload Medical Information to the MY HEALTH RECORD SYSTEM?						YES		NO
The My Health Record system is a secure online portal designed to provide a summary of your health information to trusted Medical Professionals								
PLEASE TICK AND AGREE TO THE FOLLOWING (MANDATORY) POLICIES:								
I Agree If more than one/complex issues need to be discussed, a longer appointment should be booked								
I Agree Results are NOT given over the phone; a follow-up appointment with the referring Dr is required								
I Agree Appointments are required for all repeat prescriptions								
I Agree Schedule 8 Drugs of dependence may not be prescribed on the first visit without records from your last GP								

Work related injuries or forms and some tests/scans may attract a fee. Please see Reception for further information.

The Doctors in this Practice endeavour to give all patients as much time as necessary. Unfortunately delays are sometimes unavoidable, particularly in times of emergency or when serious and unexpected situations arise. Priority is always given to these cases and we ask for your understanding and cooperation when this happens. You can assist us by rescheduling your appointment if you are unable to attend.

Please sign and date below to indicate you have read and acknowledge our Fees & Policies

Patient Name - Please Print (or Parent/Guardian name).....

Patient Signature (or Parent/Guardian)..... Date:...../...../.....