BENNETTS ROAD FAMILY PRACTICE

NEW PATIENT INFORMATION FORM

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 . ***MANDATORY**

TITLE: Ms Mrs Miss Mr Mast Dr	***BIRTH SEX: F M**	***GENDER: F M**
***SURNAME:**	***GIVEN NAMES:**	***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:**

***FAMILY HISTORY:** (Please specify which relative - Diabetes, Asthma, Heart Disease, Mental Illness, Cancer etc)

***ALLERGIES:**	☐ Nil	☐ Yes (pls specify):

***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:......../........../..........