

Title**Surname/Family Name****Given Names****Date of Birth****Gender****Address****Mobile Number****Home/Work Number****Email Address**

Would you like to receive an SMS for appointments, health reminders & recalls?

Y N **Medicare Card Number****Ref****DVA Gold/White****Expiry****Concession Card Number****Expiry**

Please note we are not a Bulk Billing Practice. Our schedule fees are available at reception. Please tick this box to confirm you understand the billing policy.

Next of Kin**Who can we contact in an emergency?**

Name

Name

Contact

Contact

Relationship to you

Relationship to you

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds;

Are you of aboriginal or Torres Strait Islander origin?No Yes, Aboriginal Yes, Torres Strait Islander **Other cultural background****Country of Birth**

Is English your first language?

Y N

If not, do you require an interpreter? Please specify

It is essential that your health record is kept up to date and accurate. Please assist us by completing the following: We collect information that is necessary and relevant to provide you with medical care and treatment, we may also need to collect information from other sources such as treating specialists, radiologists, pathologists, hospitals and other health care providers. Our Practice participates in Australian Government Quality Improvement Incentive program. Your de-identified health data is used to build an accurate picture of Australian community health needs. Please ask staff for a copy of our Privacy policy for further information. Please sign below for consent to collect your information.

PATIENT SIGNATURE: