PATIENT DETAILS

SURNAME..

FIRST NAME..

DATE OF BIRTH..
GENDER MALE FEMALE INTERSEX OTHER..........................

ADDRESS...
PHONE NUMBER..................................MOBILE.............................

COUNTRY OF BIRTH...

MARITAL STATUS...

MEDICARE NUMBER..REFERENCE NO............
EXPIRY DATE...

OCCUPATION...
IF RETIRED OCCUPATION PRIOR TO RETIREMENT................................

NEXT OF KIN (RELATIVE)...
RELATIONSHIP...
PHONE NUMBER...
EMERGENCY CONTACT..
RELATIONSHIP...
PHONE NUMBER...

PENSIONER
ENTITLEMENT NUMBER...
EXPIRY DATE...

DEPARTMENT OF VETERANS' AFFAIRS
ENTITLEMENT NUMBER...

HEALTH CARE CARD
ENTITLEMENT NUMBER...
EXPIRY DATE...

SENIORS CARD
ENTITLEMENT NUMBER...
EXPIRY DATE...

CULTURAL BACKGROUND: DO YOU IDENTIFY AS
ABORIGINAL: YES NO
TORRES STRAIGHT ISLANDER: YES NO

PLEASE TURN OVER

BOTH ABORIGINAL & TORRES STRAIT ISLANDER YES NO

ETHNICITY: e.g. CAUCASIAN/EUROPEAN..

COMPLIMENTARY MEDICINES (e.g. Vitamins, natural healthcare products)
....
....
....

DO YOU HAVE: ADVANCED HEALTH DIRECTIVE YES NO

WHO IS YOUR ENDURING POWER OF ATTORNEY?

....

DO YOU HAVE A MY HEALTH RECORD YES NO
IF NO, WOULD YOU LIKE TO REGISTER FOR A MY HEALTH RECORD?
YES NO
WE CAN PROVIDE THIS SERVICE BY SUBMITTING YOUR DETAILS TO THE MY HEALTH RECORD SYSTEM USING OUR SOFTWARE.
THE MY HEALTH RECORD IS AN ONLINE SUMMARY OF YOUR HEALTH INFORMATION SUCH AS MEDICATIONS, TEST OR SCAN REPORTS.
YOUR MY HEALTH RECORD ALLOWS YOUR DOCTORS, SPECIALISTS AND HOSPITALS TO VIEW YOUR HEALTH INFORMATION, IN ACCORDANCE WITH YOUR ACCESS CONTROLS. YOU ARE ALSO ABLE TO ACCESS IT ONLINE YOURSELF.
ANY FURTHER ENQUIRIES PLEASE ASK US AT RECEPTION OR DISCUSS FURTHER WITH YOUR DOCTOR.

ACCESS TO PATIENT RECORDS/RESULTS BY OTHER GPs IN THE PRACTICE, SPECIALISTS, HOSPITALS AND OTHER ALLIED HEALTH CARE PROVIDERS E.G. PHYSIOTHERAPISTS, PSYCHOLOGISTS ETC

PATIENT CONSENT:
YES
SIGNATURE:..
NO
SIGNATURE:..