

PATIENT INFORMATION

We need this information to provide the best quality care. This form complies with the RACGP Standards for general practices (5th edition). This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP.

Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records and allow us to contact you promptly about tests and results.

Section A: Personal Details

Title _____ First Name _____ Surname _____

Address _____

Date of Birth ____/____/____ Gender: _____ Marital Status: _____

Home Telephone _____ Work Phone _____ Mobile _____

Email _____

Occupation: _____

Next of kin contact:

Name _____ Relationship to you _____ Phone _____

Emergency contact:

Name _____ Relationship to you _____ Phone _____

Medicare Number _____ Ref #: _____ Expiry: _____

DVA Gold DVA White (Please tick which) _____ Expiry: _____

Pensioner Concession _____ Expiry: _____
or Health Care Card Number _____

Other: _____ Expiry: _____

Section B: Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander Origin? NO

Yes- Aboriginal Yes- Torres Strait Islander Yes- Aboriginal & Torres Strait Islander

Other cultural background (eg Mediterranean, Asian, African) _____

Country of Birth _____

Section C: Allergies and Medicines

List allergies and intolerances to medications

Describe your reaction

List regular medications and doses, and complementary medicines and doses

Section D: Consent

Our practice uses a reminder system to help you maintain your health.
The Practice sends reminders by post, email, telephone or SMS
For procedures such as vaccinations, Pap tests and other health reviews.

**I consent to being contacted with
reminders to help me maintain my health.**

YES NO

Our practice also sends information to the Australian Childhood
Immunisation Register and Pap Smear Register. These registers also
send reminders, which can be helpful if you move.

**I consent to being contacted with
reminders to help me maintain my health.**

YES NO

Signature of patient or guardian

Date

Section E: Transfer of health information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may wish to have a copy, or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Thank you for your time, from the team at Doctors @ Wellington Point