

NEW PATIENT FORM

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

DR: _____ DATE: _____

ID Checked: Yes No type: _____

PATIENT'S INFORMATION (please print)

Title: (circle) Mr Mrs Ms Miss Dr

First Name: _____ Surname: _____ Preferred name: _____

Address: _____

Suburb: _____ Postcode: _____ Phone number: _____

Mobile Phone number: _____

Email: _____

Date of Birth: ____/____/____

Birth Sex: Male Female Gender Identity _____ Preferred Pronoun: _____

Occupation: _____ Religion: (if applicable) _____

Are you a former serving member of the Australian Defense Force? Yes No

Marital Status: (circle) Married Divorced Widowed Single Defacto

Do you identify as being of: Aboriginal descent?: Yes No Torres Strait Islander descent? Yes No

Ethnicity/ Country of Origin: _____ (e.g. Irish, Chinese, English, Tongan)

Is English your second language?: Yes No Do you require an interpreter? Yes No

PATIENT'S NEXT OF KIN

Name: _____ Relationship to Patient: _____

Phone: _____ Mobile: _____ Work: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Mobile: _____ Work: _____

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BILLING

Medicare No: _____ Line No: _____ Expiry: _____

Do you have a DVA Gold or White Card?: Yes No

DVA Gold Card #: _____ DVA White Card #: _____

Pension / Health Card #: _____ Expiry: _____

Private Health Insurance: _____

ALLERGIES

Do you have any allergies or are you sensitive to drugs or dressings? Yes No (if yes please list below)

YOUR HEALTH HISTORY

Do you have or have you had a history of?

Operations or fractures (please list below and year if known)

Asthma

Diabetes

Hypertension

Cancer

Chronic Disease or major illness (list)

Other

MEDICATIONS

Please list all medications including vitamins and herbal medicines:

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WOMEN'S HEALTH

Last Pap smear/cervical screen: _____ Last mammogram: _____ (if aged over 50)

Breast Check: _____ An overall Checkup: _____

MEN'S HEALTH

Last prostate check: _____ (if aged over 40) An overall checkup: _____

SMOKING HISTORY (please tick)

- I have never smoked
- Former smoker – Quit date: _____ Number of years smoking: _____
- Current smoker - number per day/week: _____ Number of years smoking: _____

ALCOHOL HISTORY (please tick)

- I do not drink alcohol
- I do drink alcohol: Days per week: _____ Standard drinks per day: _____

SIGNIFICANT FAMILY HEALTH HISTORY (please tick)

Mother

- Diabetes Hypertension Heart disease Stroke Colon Cancer Depression
- Breast Cancer Osteoporosis

Father

- Diabetes Hypertension Heart disease Stroke Colon Cancer Depression Breast Cancer
- Osteoporosis

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Your privacy is our concern

In accordance with the Privacy Act, all information collected in this practice is treated as "sensitive information". To protect your privacy, this practice operates in accordance with this Act. We use this information you provide to manage your health care.

Selected information may be disclosed to various other health services involved in supporting your health care management. (e.g. pathology, specialists, immunisation registers)

If you have any questions or concerns how we handle your personal health information or need to arrange access to your records, please ask the staff or your doctor, as appropriate.

REMINDER SYSTEMS

The Cottage Surgery provides our patients with preventative care and early case detection reminders e.g. immunisation, annual health checks, cervical screening.

Please let us know below if you do not wish to have relevant health reminders sent to you.

WHICH IS THE BEST WAY FOR US TO CONTACT YOU FOR URGENT OR ROUTINE RECALLS?

Please tick the appropriate answer:

By home phone 2. By mobile phone 3. By work phone

DO YOU CONSENT TO RECEIVING APPOINTMENT REMINDERS AND RELEVANT HEALTH REMINDERS BY SMS?

Please tick the appropriate answer: Yes No

Patients signature or Parent/Guardian (if child is a minor)

Name: _____

Date: _____

The Cottage Surgery: 347 Condamine Street-Manly Vale NSW 2093
The Cottage Surgery Corner Clinic: 341 Condamine Street, Manly Vale NSW 2093
Phone: 02 99483768 Fax: 02 9948 3268