

Preferred Doctor: ZB IB GT Jacaranda Medical Centre

Title	Mr. Mrs	Ms	Miss	Transgender: Y/N		
Marital Status	Married	Single	De Facto	Widow	Divorced	Separated
Gender: M / F / Other	Sex at Birth:	M / F		Date of birth:		
First Name:	Surname:					
Country of birth:		Yr of arrival in Aust:		Spoken language:		
Street Address:						
Suburb & Post Code				Ethnic Origin:		
Home Phone:			Work Number:			
Mobile Phone:		Occupation:		Email:		
Medicare Number:			Ref	Expiry Date:		
DVA Gold /White (Please circle):			Expiry Date:			
Pension Number:			Expiry Date:			
Health Care Card Number:			Expiry Date:			
Private Health Cover:(Hospital Cover) <input type="checkbox"/> Top Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic <input type="checkbox"/> None						
Next Of Kin:				Emergency Contact:		
Name:				Name:		
Contact number:				Contact number:		
Relationship:				Relationship:		

To help with health initiatives – are you Aboriginal or Torres Strait Islander?

☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ Yes – Aboriginal & Torres Strait Islander ☐ No

How did you find out about us: Newspaper Family/Friend Other**I consent to be added to any recall list (Please tick)**

Recall by ☐ SMS or ☐ Phone Call

I consent to share my information with other

Healthcare Providers Yes or No

Are you registered with my Medicare at this practice

☐ Yes ☐ No

Are you Allergic to anything?

☐ Yes (if yes please list below) No ☐ Reactions (circle one) mild/moderate, severe

Any major medical illnesses or surgery in the past and year of diagnosis?

(Like: Diabetes, asthma/COPD, Cancer, hypertension, Chronic illness, orthopaedic or cosmetic surgery)

Are you on any Medications that you have regularly?

Tobacco: ☐ Never smoked ☐ Ceased Smoking (year quit)..... ☐ Smoker..... per day/week

Alcohol ☐ :Non-drinker ☐ Drinker Number of drinks per day / week / months

How often would you drink more than 6 drinks per day?

Signature: _____ **Date:** _____

Patient Privacy Information

We need this information to provide you with the best quality of care. Our practice follows the guidelines of The Royal Australian College of General Practitioners Handbook for the management of health information in private medical practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.