

***PLEASE NOTE OUR PRACTICE DOES NOT PRESCRIBE DRUGS OF DEPENDENCE /
NARCOTICS TO NEW PATIENTS ***

Smith Brothers Medical Clinic

Patient Information Form

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:

Title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname	
First Name	
Date of Birth	
Country of Birth	Language

Street Address	
Suburb and Post Code	
Home Phone	
Work Phone	
Mobile Phone	
Email	
Preferred Contact	<input type="checkbox"/> Email <input type="checkbox"/> Mobile

Medicare Number & Ref	#:	Expiry:
<input type="checkbox"/> DVA Gold <input type="checkbox"/> DVA White (Please tick which)	#:	Expiry:
Pension Number	#:	Expiry:
Health Care Card Number	#:	Expiry:
Private Health Cover	Name:	#:

Next of Kin (Name and Telephone number)	
Emergency Contact (Name and Telephone number of the person we can contact if needed)	

Employer Name	
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Patient Information Form... Cont'd

Patient Background

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

Do you identify as someone from a culturally and/or linguistic diverse background?

- No
- Yes. Please elaborate:

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

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

Reminder Systems

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks and pap smears.

Do you wish to have any relevant health reminders sent to you?

- Yes
- No

Are there any health concerns that you would like to receive information on?

How did you hear about our Practice? Referred Advertisement

