

**BLACK PEN
ONLY PLEASE**

Chatswood Road Medical Centre New Patient Form

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 that your personal health information is kept private and secure, as required by federal and state privacy laws.

Title: Surname: First name: Gender:

D.O.B: / / Marital Status: Single / De-Facto / Married / Divorced / Widowed

Address:

Suburb: Post Code:

Phone: Work: Mobile:

Occupation: Nationality/cultural background:

Do you identify as someone from a culturally and/or linguistically diverse background? This information will assist us to tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds.

No / Yes – Please elaborate:

Do you require an interpreter: No / Yes – Language

To assist with health initiatives: Aboriginal / Torres Strait Island / Aboriginal & Torres Strait Island

Medicare number: Reference number: Expiry:

Pension / Healthcare card number: Expiry:

**(Please circle type of card)*

Emergency contact / Next of Kin

Name: Surname: Relationship to you:

Phone: (.....)..... Work: (.....)..... Mobile:

Medical History

Smoke: Never Quit (Quit date) Yes - Cigarettes per day

Alcohol: Never Yes - (standard drink(s) /day & drink(s) per week

Allergies: Yes No Details:

Operations: Yes No Details:

Current Medication: Yes No Details:

Medical Condition: Yes No Details:

Height: Weight: Are you registered for MyHealthRecord? Yes No

Family History

Cancer	Who...	Lung Disease	Who...
Strokes	Who...	Bleeding Disorders	Who...
Heart Attack	Who...	Blood Pressure	Who...
Heart Disease	Who...	Stomach Ulcer	Who...
Diabetes	Who...	Other (specify)	Who...
Other (Specify)	Who...		

Privacy Patient Information

To provide a high standard of medical care we need to collect personal information from our patients. This information is usually collected from the patient but may be collected from family members and other health care providers with patients consent. At times some of this information needs to be shared with other health care providers or we may be legally bound to disclose personal information. All persons accessing your personal health information are bound by confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor. *Chatswood Rd. Medical Centre is a paperless surgery and all correspondence is sent electronically*

Signature (Parent / guardian to sign if patient is under 16yrs) Date: / /

Print patient Full Name: