

The Elms Family Medical Centre

PATIENT INFORMATION QUESTIONNAIRE

(Please hand to the receptionist along with your Medicare Card, Veterans Affairs card, Pension or Health Care Card. Thank you.)

Mr / Mrs / Ms /Dr Christian Names.....

Surname..... DOB.....

Aboriginal or Torres Strait Islander Yes No

Residential Address.....

.....

.....

Postal Address

.....

How did you hear about our practice?

Family/friend Local phone book Yellow Pages Other.....

Phone Numbers

Home.....Work.....Mobile.....

Occupation.....

Next of Kin in case of an emergency..... ph no.....

Relationship to patient.....

Medicare Number Ref Number

Expiry Date -

Type of Health Care Card PLEASE CIRCLE

PENSION

DEPT OF VET AFFAIRS

LOW INCOME

UNEMPLOYMENT

PARENTING PAYMENT

SICKNESS BENEFITS

CARD NUMBER..... Expiry Date.....

Patient/Parent/Guardian Signature.....

Office Use Only:

- View Medicare and Health care card details
- Check Medicare eligibility status
- Patient information sheet and fee structure handed to patient
- Attributes entered into total care

Entered by:.....