

New Patient Information Questionnaire

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

Title:..... Given Names.....

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

Residential Address.....

Postal Address.....

Email Address.....

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

Occupation.....

Next of Kin ph no..... Relationship to patient.....

Emergency Contact..... ph no..... Relationship to patient.....

Nationality.....

Do you identify as an Aboriginal and/or Torres Strait Islander

Medicare Number Ref Number

Expiry Date -

Type of Benefit Card – (Please Circle) Pension Dept of Vet Affairs Health Care Card

Card Number Expiry Date.....

How did you hear about our practice? Family/friend Phone book Internet Social Media Other.....

To enable ongoing care, at The Elms Family Medical Centre we contact patients for medical health reminders for treatment and preventative health care (e.g. blood tests, management plans etc), appointment notifications and other information relevant to your medical treatment.

I consent to The Elms contacting me for the purposes of my ongoing health care (Please tick) YES or NO

Patient/Parent/Guardian Signature..... Date.....

Office	<input type="checkbox"/> View Medicare and Health care card details	<input type="checkbox"/> Medicare eligibility status checked
Use	<input type="checkbox"/> Patient information sheet and fee structure handed to patient	<input type="checkbox"/> Attributes entered into Best Practice
Only:	Photo Id Sighted (Please Circle) Yes NO	Entered by:.....