



PATIENT INFORMATION FORM

TITLE MR MRS MS MISS
SURNAME _____

GIVEN NAMES _____

DATE OF BIRTH _____

ADDRESS _____

SUBURB _____ POSTCODE _____

HOME PHONE _____ MOBILE _____

WORK PHONE _____ OCCUPATION _____

MEDICARE NO. & REF _____ #: EXPIRY _____

DVA GOLD CARD NO. _____ #: EXPIRY _____

DVA WHITE CARD NO. _____ #: EXPIRY _____

PENSION NO. _____ EXPIRY _____

HEALTHCARE CARD NO. _____ EXPIRY _____

PRIVATE HEALTH FUND _____

NEXT OF KIN (Name, Address, Phone No.) _____

EMERGENCY CONTACT (Incl. Phone No.) _____

HOW DID YOU LEARN ABOUT **NEWTOWN MEDICAL CENTRE**?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> WORD OF MOUTH |
| <input type="checkbox"/> LETTER DROP | <input type="checkbox"/> STREET ADVERTISING |
| <input type="checkbox"/> REFERRAL | <input type="checkbox"/> OTHER _____ |



YOUR HEALTH HISTORY

OPERATIONS (Include Year) _____

CHRONIC ILLNESS (Diabetes, Arthritis etc.) _____

OTHER HEALTH ISSUES (Including Mental Health) _____

PAP SMEARS When was you last? _____ Where? _____

ALLERGIES Do you have any allergies? YES NO

What are you allergic to and what reaction do you experience?

IMMUNISATIONS

Do you have an up to date immunisation history? YES NO

When was your last tetanus immunisation? _____

For CHILDREN

Are your child's immunisations current & complete? YES NO

FAMILY HISTORY Has a family member suffered any of the following:
(Please specify relation and their age if they died from the illness)

DIABETES

CANCER

HEART DISEASE

MENTAL ILLNESS

RISK FACTORS Do you smoke? YES NO No. per day? _____

Have you tried to quit? YES NO Ex smoker? YES NO

How long did you smoke for? _____ No. per day? _____

Do you drink? YES NO No. days per week? _____

Average no. of standard drinks on drinking days? _____

HEIGHT _____ cm WEIGHT _____ kg

Do you consider yourself overweight? YES NO

Do you consider yourself at increased risk of developing:

DIABETES YES NO HEART DISEASE YES NO

Is there any other information you wish to disclose?
