|  |  |
| --- | --- |
| **Title:** |  Mr Mrs Ms Master Miss Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **First Name :** | *As it appears on Medicare Card* | **Last Name:**  | *As it appears on Medicare Card* |
| **Date of Birth:**  |  | **Gender:** |  Male Female Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Marital Status:** | Married Single Separated Divorced Defacto Widowed |
| **Street Address:** |  |
|  | Postcode: |  |
| **Postal Address:**  |  as above |  |
| **Contact Number:** | **Mobile:** |  | **Home:** |  | **Work:** |  |
| **Consent to Appointment reminders/recall reminders via SMS/Text Message:** | Yes No  |
| **Occupation:** |  | **Country of Birth** |  |
| **Are you Aboriginal or Torres Strait Islander?** |  No Yes; Aboriginal Yes; Torres Strait Islander |
| **Other Cultural Background(please list here)*:*** |  |
| **Medicare:** |  |  |  |  |  |  |  |  |  |  | **Reference number: (Next To Your Name)** |  | **Expiry date:** |  |
| **In order to receive bulk-billing services, a valid Medicare Card must be presented at each consultation.** |
| **Centrelink/Concessions/ DVA:** *Please note a valid concession or DVA card must be presented at reception.* |
| **Centrelink Card:  Pension Healthcare** |  *-card number here if applicable -* | Expiry: |   |
|  **DVA Gold White:**  |  *-card number here if applicable -* | Expiry: |   |
|  |
| **Next of Kin:** | Full Name: | Phone : |
| Relationship to you: | Phone 2:  *optional* |
| **Emergency Contact:**   as above | Full Name: | Phone : |
| Relationship to you: | Phone 2:  *optional* |
| **Health Information** |
| **Alcohol:**  |  No Yes: How Many \_\_\_\_\_\_\_\_\_\_Day / \_\_\_\_\_\_\_\_\_\_ Week / \_\_\_\_\_\_\_\_\_\_ Month |
| **Smoking:**  |  No Ceased Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes: How Many \_\_\_\_\_\_\_\_\_\_Day / \_\_\_\_\_\_\_\_\_\_ Week |
| **Height** |  | **Weight** |  |
| **Allergies:** |  No Yes*(specify allergy and reaction):* |