

## Member Details

### About You - This practice does NOT prescribe Drugs of addiction to new patients

Title: Mr  Mrs  Ms  Miss  Mast  Dr  Other \_\_\_\_\_

Given Names: \_\_\_\_\_ Known as: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth (D.O.B): \_\_\_\_\_

Person responsible for accounts (if PT under 16 years): Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel Home/Mobile: \_\_\_\_\_ Tel Work: \_\_\_\_\_

Email: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Line No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to you (patient): \_\_\_\_\_

Next of Kin (closest living blood relative if different from emergency contact): Please tick if same as emergency contact

Full Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to you (patient): \_\_\_\_\_

Race/Ethnic origin: \_\_\_\_\_ Maiden/Previous Name(s) \_\_\_\_\_

**Aboriginal and Torres Strait Islanders:** Medicare provides additional services for Aboriginals and Torres Strait Islanders (ATSI). Do you wish to be recognised as an ATSI? Yes  No

**Entitlement:** If you hold a Government issued concession card, Dept. of Veteran Affairs Card (white or gold) or Government issued health care card, please provide details:

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Card type (e.g. DVA Gold): \_\_\_\_\_

### About your information and our practice

The personal information you provide during your consultation and subsequent treatment will be collected for the sole purpose of providing high quality healthcare. This practice is committed to protecting your privacy and this information is only disclosed to other members of your treating team where medically necessary. It may however be disclosed to other organisation where required by law. You may access the information held about you by contacting the practice on 9908 2233.

This practice sends health reminder via email. If you do not wish to received such emails please tick here

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Optional Information

#### Additional Services

**Online bookings:** You can book your next appointment online at [cremornemedical.com.au](http://cremornemedical.com.au), follow the link on the home page, or download the Appointuit app and book appointments from your phone. It's fast, easy, and can be done anytime!

**After Hours Service, phone 13 26 60:** We recommend that you put this number into your mobile phone. As a patient of the practice you can access this.

The information you provide will help us develop programs and services that meet our patients' requirements, both now and in the future. Please be assured that all information you provide will be kept strictly confidential.

**How did you hear about us?** Another Doctor or Specialist  Recommendation from one of our patients  Our Website

Our Sign  Convenient in Shopping Centre  Facebook  Northshore Mums  Letterbox drop  Other \_\_\_\_\_

**Preferred time to see the doctor:** Day: Mon  Tues  Wed  Thu  Fri  Sat  Sun

Time: 7:30am to 9:00am  9:00am to 12:00pm  12:00pm to 2:00pm  2:00pm to 5:00pm  5:00pm to 7:00pm  After 7:00pm

## New Patient Health Information

*To help us achieve the best outcomes we can for your health, we would appreciate if you could fill out the following health questionnaire. Please either email this back to us or bring the form to your consultation.*

**Please list any allergies you may have:**

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**Please list your significant medical history (e.g. Asthma, Diabetes):**

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**Please list your past surgeries and approximately when these occurred (e.g. appendix removed 2011):**

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**Please list any current medications including over the counter medication, supplements and herbal remedies:**

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**Are you up to date with the following:**

Pap smear (every 2 years) No / Yes / Not Applicable (please circle)

If yes, approximate date of last Pap Smear?

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Skin Check (every year) No / Yes (please circle)

If yes, approximate date of last Skin check?

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Bowel screening (every year if you're over 50) No / Yes (please circle)

If yes, approximate date of last Bowel Screen?

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Mammogram (every 2 years if you're over 50) No / Yes / Not Applicable (please circle)

If yes, approximate date of last Mammogram?

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