



FOR OFFICE USE ONLY

2 X ID Medicare Drivers Licence Credit card
 Passport Other _____

Rec initial _____

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 under 16 years): Full Name _____ D.O.B. _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel Home/Mobile: _____ Tel Work: _____

Email: _____ (Note: results & health reminders are sent via email)

Medicare No: _____ Line No: _____ Expiry Date: _____

Race/Ethnic origin: _____ Maiden/Previous Name(s) _____

Emergency Contact: Full Name _____ Phone No. _____

Relationship to you (patient): _____

Next of Kin (closest living blood relative, if different from NOK). Please tick if same as NOK

Full Name _____ Phone No. _____

Relationship to you (patient): _____

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 and/or SMS. 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, follow the link on the home page, or download the HotDoc app and book appointments from your phone. It's fast, easy, and can be done anytime!

After Hours Service, phone 13 74 25: 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:

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

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

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

Are you up to date with the following:

Pap smear/Cervical Screening

No / Yes / Unsure / Not Applicable (please circle)

If yes, approximate date of last Pap Smear/Cervical screening?

Skin Check (every year)

No / Yes / Unsure (please circle)

If yes, approximate date of last Skin check?

Bowel screening (every year if you're over 50)

No / Yes / Unsure (please circle)

If yes, approximate date of last Bowel Screen?

Mammogram (every 2 years if you're over 50)

No / Yes / Unsure / Not Applicable (please circle)

If yes, approximate date of last Mammogram?
