

NEW PATIENT DETAILS AND CONSENT FORM

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|----------------|--|-------------|--|
| Title: | | Address: | |
| First name: | | | |
| Surname: | | Suburb: | |
| Middle name: | | Postcode: | |
| Known as: | | Home Phone: | |
| Date of birth: | | Work Phone: | |
| Email: | | Mobile: | |

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|---|
| I give permission to send SMS or email for appointment confirmations YES / NO |
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| | | | |
|----------------|--|--------------|--------------|
| Medicare No: | | Ref. No: | |
| M/care expiry: | | | |
| Private Fund: | | Member No: | |
| DVA No: | | Card Colour: | GOLD / WHITE |
| Pension No: | | Expiry date: | |

| | | | |
|--------------------|--|-------------|--|
| Emergency Contact: | | Contact Ph: | |
| Relationship: | | | |

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| Permission to contact in the event of any emergency/if we are unable to contact you? YES / NO |
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|------------------|--|--------------|--|
| Referring Dr: | | Usual GP: | |
| Referring Dr Ph: | | Usual GP Ph: | |

Medications:

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Consent:

I hereby give my consent to the release of necessary medical documentation being requested by medical practitioners, hospitals, departments or ancillary practices such as pathology, radiology etc.

I am fully aware of any fees/charges for consultation/tests performed.

| | | | |
|---------|----------------------|-------|----------------------|
| Signed: | <input type="text"/> | Date: | <input type="text"/> |
|---------|----------------------|-------|----------------------|

What operations have you had?

| | |
|---|---|
| 1 | 5 |
| 2 | 6 |
| 3 | 7 |
| 4 | 8 |

What illnesses do you have?

| | |
|---|----|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

Allergies:

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Your smoking history:

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|-----------------------------|--------------------------------------|
| 1. Never smoked | 4. Average no. of cigarettes per day |
| 2. Age when started smoking | 5. Reason for stopping |
| 3. Age when stopped smoking | 6. Do people at home smoke? |

Your alcohol history:

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|------------------------------|------------------------------|
| 1. Never drink alcohol | 4. Preferred drink/s |
| 2. Age when started drinking | 5. Average daily consumption |
| 3. Age when stopped drinking | |

Environmental exposures:

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|------------------------------------|
| Are you exposed to birds at home? |
| What pets do you have? |
| Have you been exposed to asbestos? |
| Do you have other exposures? |
| What is your occupation? |

Family History:

Living relatives

Deceased relatives

| | Age: | Illness: | Age: | Illness: |
|----------|------|----------|------|----------|
| Mother | | | | |
| Father | | | | |
| Brothers | Age: | Illness: | Age: | Illness: |
| | Age: | Illness: | Age: | Illness: |
| Sisters | Age: | Illness: | Age: | Illness: |
| | Age: | Illness: | Age: | Illness: |
| Children | Age: | Illness: | Age: | Illness: |
| | Age: | Illness: | Age: | Illness: |