Bardon Family Doctors

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Patient Information Form

Title:____ **First name*:**_____ **Surname*:**_____

Middle name: _____**Date of Birth*:** _____/_____/_____

Gender:_____ **Occupation*:**_____

Address*: _____

Suburb/ City*: _____ **Postcode*:**_____

Home phone*: _____ **Mobile phone*:**_____

Work phone: _____ **Email:**_____

Ethnicity*:_____ **Are you*:** ☐ Aboriginal ☐ Torres Strait Islander ☐ N/A

Next Of Kin*: _____
(please write full name)

Phone*: _____ **Relationship*:** _____

Emergency Contact*: _____
(only if different from Next of Kin – if same as Next of Kin write 'As above')

Phone*:_____ **Relationship*:**_____

Medicare number*:_____**Line number:**_____ **Expiry:**_____/_____

Pension/ HCC number*: _____ **Expiry:**_____/_____/_____
(if applicable)
Please circle the type of card: Pension / Health Care Card

DVA number: _____ **Entitlement:** _____
(if applicable) *(colour/card type)*

Health Insurance number: _____ Provider: _____ **Expiry:**____/____/_____

Are you allergic to any medications? Yes / No

If so, please list them: _____

Do you Smoke? ☐ **Non-smoker** ☐ **Ex-smoker** ☐ **Smoker, Cigarettes per day**_____

Do you drink Alcohol? ☐ **Non-drinker** ☐ **Drinker, Days per week**_____**, Standard drinks per day**_____

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccinations, Pap tests and other health reviews.	**I consent to being contacted with reminders to help me maintain my health Yes ☐ No ☐**
Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders, which can be helpful if you move.	**I consent to being contacted with reminders to help me maintain my health Yes ☐ No ☐**

Signature of patient or guardian

_____**Date:**_____/____/_____

(please sign here - if patient cannot sign, parent/guardian signature required)

We are committed to provide you with the best of care. To do this it is essential that your medical records are kept up to date and accurate. All details are strictly confidential. Please advise us if any of the above details change, most importantly address, phone/ Medicare number. Thank you for your co-operation.