



We need this information to provide the best quality care. This form complies with the RACGP *Standards for general practices (5th edition)*. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP.

Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.

Please print letters.
Use black or blue pen.
Place in all applicable boxes.

Practice name

Section A: Personal details

Title Surname Given names

Date of birth (dd/mm/yy) / / Gender Marital status
Single Married Defacto Separated Divorced Widowed

Medicare card number Medicare reference number Medicare card expiry date / /

Pension, Health Care Card, or Veterans Affairs number (if applicable) Type of Veterans Affairs card Expiry date / /

Occupation

Home address Postcode

Postal address Postcode

Telephone number Work number Mobile number

Email

Next of Kin

Name Relationship to you

Telephone number Work number Mobile number

Who can we contact in an emergency?

Name Relationship to you

Telephone number Work number Mobile number

Do you have an advance care directive for end of life care? Yes No For more information talk to your GP.

Section B: Cultural background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Other cultural background (eg Mediterranean, Asian, African)

Country of birth

Is English your first language?

If not, do you require an interpreter?

Please specify language

Yes No

Yes No

Section C: Allergies and medicines

List allergies and intolerances to medications

Describe your reaction

List regular medications and doses, and complementary medicines and doses

Section D: Consent

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

Section E: Transfer of health information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Please advise us if your contact information or Medicare details change.