New Patient Form

Hargreaves St
MEDICAL PRACTICE

TITLE: ☐ Miss ☐Ms ☐ Mrs ☐ Mr ☐ Mast ☐ Dr ☐ Other:		**OFFICE USE (Practitioner seen):**
SURNAME:	**GIVEN NAMES:**	**GENDER:**
PREFERRED NAME:	**DATE OF BIRTH**:	
MEDICARE NUMBER:	**REFERENCE:**	**EXPIRY DATE:**
CONCESSION CARD ENTITLEMENT NUMBER: ☐ PENSIONER ☐ HEALTH CARE CARD		**EXPIRY DATE:**
DVA CARD: ☐GOLD ☐ WHITE	**CARD NUMBER:**	**EXPIRY DATE:**
RESIDENTIAL ADDRESS:		**SUBURB:**
POSTAL ADDRESS (If different):		**SUBURB:**
HOME PHONE:	**MOBILE:**	**WORK PHONE:**
EMAIL ADDRESS:		
IF THE NEW PATIENT IS A CHILD UNDER 16 PLEASE PROVIDE: **PARENTS NAME:** **PARENTS DATE OF BIRTH:** **PARENT'S MEDICARE NUMBER:**		
MARITAL STATUS: ☐ SINGLE ☐ DEFACTO ☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ N/A (Children)		
OCCUPATION:	**EMPLOYER:**	
COUNTRY OF BIRTH:	**IF NOT AUSTRALIA, WHAT YEAR DID YOU ARRIVE:**	
LANGUAGE SPOKEN OTHER THAN ENGLISH:	ETHNICITY:	
DO YOU IDENTIFY AS BEING ANY OF THE FOLLOWING: ☐ ABORIGINAL ☐ TORRES STRAIT ISLANDER ☐ ABORIGINAL AND TORRES STRAIT ISLANDER ☐ LGBTQ+		

NEXT OF KIN	**EMERGENCY CONTACT**
NAME:	NAME:
RELATIONSHIP TO YOU:	RELATIONSHIP TO YOU:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

PATIENT PRIVACY INFORMATION: *To provide a high standard of care and as an accredited practice we need to record basic personal and health information. This information is treated with the strictest of confidence and may only be divulged to a third party with your consent, unless required by law or in an emergency situation. The staff members of HSM are subject to strict confidentiality obligations. De-identified health information may be used by third parties for quality improvement or research projects. You may opt out of this at any time by informing reception or your doctor. Misleading or inaccurate information may affect our ability to provide the best health outcome for you. HSM uses SMS contact for appointment reminders & to recall patients for outstanding test results. We send letters if you cannot be contacted or do not consent to SMS messages. You may opt out of electronic communications at any time. Please refer to our Privacy Policy found on our website or ask reception for more details.*

You may opt out of email or SMS communications at any time by notifying us.

Do you consent to SMS correspondence from HSM and my-medicare registration with HSM? ☐**YES** ☐**NO**

I have read the Privacy statement & Consent. **Signature:** _____

BRIEF MEDICAL HISTORY

Hargreaves St
MEDICAL PRACTICE

DO YOU SUFFER FROM ANY OF THE FOLLOWING:

☐ Heart Disease
☐ Arthritis
☐ Diabetes- Type 1 / Type 2
☐ High Blood Pressure
☐ Stroke
☐Prostate Problem
☐ Mental Illness
☐ Thyroid Disorders
☐ Respiratory Disease
☐ Bowel Problems
☐ Abnormal Cervical Screening
☐ Arthritis
☐ Tumours/ Cancers
☐ High Cholesterol

Any other medical conditions/past surgeries:

Allergies/ Adverse Reactions:

Current Medications:

FAMILY HISTORY (INCL. PARENTS, SIBLINGS, GRANDPARENTS):

☐ Heart Disease
☐ Diabetes- Type 1 / Type 2
☐ High Blood Pressure
☐ Stroke
☐ Cancer
☐ High Cholesterol

SMOKING: ☐ Never Smoked ☐ Ex- Smoker- Year Quit: ☐ Smoker- Number/ Day:

ALCOHOL: ☐ Never ☐ Monthly or less ☐ 2-4 times per month ☐ 2-3 times per week ☐ 4+times per week
How many standard drinks would you consume each time you drink:

PREVENTATIVE HEALTH:

Have you ever had a Skin Check? ☐ Yes ☐ No If yes, date: _____
Have you ever had a Colonoscopy? ☐ Yes ☐ No If yes, date: _____
Are your immunisations up to date? ☐ Yes ☐ No ☐ Not Sure

WOMEN ONLY:

Have you ever had a Cervical screening: ☐ Yes ☐ No
If yes, date of last Cervical Screening:_____
Was it: ☐ Normal ☐ Abnormal

Have you ever had a Breast Screen: ☐ Yes ☐ No
If yes, date of last Breast Screen: _____
Was it: ☐ Normal ☐ Abnormal

MEN ONLY:

Have you ever had a Prostate Check: ☐ Yes ☐ No

If yes, date of last Prostate Check: _____

Was it: ☐ Normal ☐ Abnormal

IF YOU ARE OVER 65 YEARS OLD:

Have you had the recent Influenza Vaccine: ☐ Yes ☐ No
Have you had the Pneumococcal Vaccine: ☐ Yes ☐ No If yes, date: _____
Have you ever had a Bone Density Scan: ☐ Yes ☐ No If yes, date: _____

HOW DID YOU HEAR ABOUT US?

☐ Family/ Friends ☐ Online booking ☐ Google ☐ Signage ☐ Other: _____