GP Superclinic
your health precinct

To assist us, please complete <u>all</u> of the following information thank you.

How Did You Hear About Us (Please Tick) ☐ TV ☐ Radio ☐ Facebook ☐ Website ☐ Word of Mouth

☐ Local Directory ☐ Newspaper ☐ Other_____

Title: ___ First Name: _____Middle Name: _____ Surname:_____

Preferred Name: _____D.O.B:_____ Sex:___ Marital Status: _____ Religion: _____

Email: _____

Do You Identify As: (Please Tick) ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ N/A

Medicare No: _____ Ref: _____ Expiry Date: _____

Pension Card Number: _____ Expiry Date: _____

Health Care Card Number: _____ Expiry Date: _____

DVA Number:_____ ☐Gold ☐White Expiry Date: _____

Residential Address: _____

Postal Address (If Different): _____

Contact Number: (H) _____ (W) _____ (M) _____

Occupation: _____ Employer: _____

Ethnicity: _____ Language(s) Spoken: _____

Head of Family (If Patient under 16): _____ DOB: ___/___/___

Medicare No: _____ Ref: _____ Expiry Date: _____

Next of Kin: _____ Relationship: _____

Head of Family : _____ Contact: _____

Contact Number: _____ Address: _____

Emergency: _____ Contact Number: _____Relationship: _____

Past History	**YES**	**NO**	**DETAILS**
Relevant Medical History			
Allergies			
Current Medications			
Immunisations complete			
Alcohol Intake			How often: Amount:
Smoking History			□ Never □ Ex-Smoker Quantity per Day:
Please indicate if you or any of your Family members for the following:-			
Cancer			□ You □ Mother □ Father □ Sibling □Other
			Type:
Heart Disease			□ You □ Mother □ Father □ Sibling □Other
High Blood Pressure			□ You □ Mother □ Father □ Sibling □Other
Diabetes			□ You □ Mother □ Father □ Sibling □Other
Asthma			□ You □ Mother □ Father □ Sibling □Other
Other Condition/s			□ You □ Mother □ Father □ Sibling □Other
			List:

I consent to my doctor collecting my personal health information for appropriate ongoing care. This information may be released to preferred health care professionals if required.

Signed:_____ Date: _____

We will notify you of reminder appointments by phone/letter/SMS/electronically.

For Staff Only: Entered By: _____ Doctor: _____ Scanned [ ] B.P. Entered [ ]

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