

Existing

Enabled SMS



PLEASE TURN OVER

This information is private and confidential and is for use in your clinical file only. It is a requirement that all files contain this information for accreditation purposes. Please print and give as much detail as possible to assist us to provide quality care.

low did you find ou	about our surgery?					
Vord of Mouth	Relatives	Drive/walk pa	st 🔵	A frame outside		Website
ellow pages	White Pages	Leaflets/flyer	s 🔘	School Newslette	r 🔘	Radio
Bowls Club	Holiday Accom	Pharmacy	\bigcirc	Library Card		Other:
PATIENT DETAILS						
Mr Mrs Ms Miss Dr	Surname:	Given N	lame:		Middle Na	me:
Gender Identity: M	ale 🔘 Female 🔘 No	on—Binary 🔵 Tran	sgender	Gender Diverse	Other	
Date of Birth:	Country o	of Rirth:		Ethnicity/Na	ionality.	
	country o	,, Diretti			-	
Do you Identify as?	Aboriginal Torres	S Straight Islander	Abori	ginal and Torres Stra	ight Island	ler 🔵
	Other:					
Residential Address:			Sul	ourb:		Postcode:
Dantal Adduses, (16 4)	66					
Postal Address: (If di	rrerent to nome)					
Phone:	N	/lobile:		Busine	ss:	
Email:		D	o you wis	h to receive electron	ic emails f	rom us? Yes 🔾 No 🤇
Medicare No:			Ref # (Ne	ext to name):	Exp	iry:
Pension/Health Care	No:				Expiry:	
				_		
Veterans Affairs No:		G	old () W	hite Conditions:		
Do you have private	health care fund? Yes	No Fund Na	ne:	F	und numb	oer:
Next of Kin:		Relationsh	ip:	Pl	n:	
Emergency Contact:		Relationsh	p:	P	h:	

SOCIAL HISTORY			
Marital Status: Single Married Defacto Widowed Separated			
Accommodation: Own Home Rental Relatives Home Nursing Home	Homeless	Other:	
Lives with: Spouse Alone Relative/Parents Friend			
Recreational activities:	you an Elite	Athlete? Ye	s O No C
Are you a carer? Yes \(\circ\) No \(\circ\) Do you have a carer? Yes \(\circ\) No \(\circ\) If Yes: Carer Name	:		
Carer Address: Contact Number:			
Do you have a current Enduring Power of Attorney? Yes No Please provide a	сору		
Do you have a current Advanced Health Directive? Yes No Please provide a	сору		
Do you feel safe in your own home? Yes No			
Occupation: Year Started	4.	Year Stoppe	od:
real states	4.	Teal Stoppe	·u.
Are you? Retired A Child A Student			
Smoking: Do you smoke? Yes No If yes, how many per day?			
Past Smoking History: Nil Light Moderate Heavy Which year did you sto	p smoking?		
Alcohol Consumption: Do you drink alcohol? Yes No			
If Yes, How many days per week? How many standard drinks per day?			
Past Alcohol Consumption: Nil Occasional Moderate Heavy			
At Golden Beach Medical Centre and Pelican Waters Family Doctors we strive to provide high clients' health care requirements. By becoming a patient of both medical centres and signiconsent to the following:	-		
I consent to receive follow up reminders and recalls to be sent to the above address and/or via text message	to my mobile p	ohone number.	
I consent to the use of my personal health information by Golden Beach Medical Centre and Pelican Waters F providers involved in my medical treatment and health care within this centre.	amily Doctors a	and other health	care
I consent to the disclosure of my personal health information by the above-named practices to other health indirectly in my personal health care or medical treatment.	care providers	involved directly	or or
I consent to Golden Beach Medical Centre and Pelican Waters Family Doctors providing de-identified statisti child for the purposes of research and quality assurance activities. (Please be assured that your personal de birth are NOT disclosed).		_	
I have read the information above and understand the reasons why my personal information is being collect policy on handling patient's information and that I'm not obliged to provide any of the information requeste compromise the quality of the healthcare and treatment provided to me.		•	
If you no longer need your appointment, please inform us so we can make it available to other patients. Failu your appointment, may incur a fee of \$50.00 which is not claimable at Medicare.	ire to cancel a n	ninimum of 1 hou	ır prior to
Drugs of Addiction Prescribing Policy - The Doctors at Golden Beach Medical Centre and Pelican Waters Fam Addiction or Schedule 8 Drugs to new patients at their first appointment. For existing patients requesting Drugs to new patients at their first appointment. For existing patients requesting Drugs to new patients at their first appointment.	-	-	_
A full copy of our privacy policy is available on our websites or you can ask our staff for a copy.			
Printed Name:			
Signature:	Date:		