



Please Fill in, upon completion please give to reception with your Medicare. Veterans and concession cards (Circle Yes or No)

Contact Information

Title: Given Name/s Surname:
Known As: Date of Birth: Gender:
Street Address:
Postal Address (if different from above):
Home Phone: Work Phone:
Fax: Mobile:
Email:
Preferred method of contact: Do you accept SMS reminders: Yes / No

Personal Information

Marital Status: Occupation:

Emergency Contact details

Name: Relationship to you:
Home Phone: Mobile:

Next of Kin - Is this the same as your emergency contact: Yes / No - if no please fill below

Name: Relationship to you:
Home Phone: Mobile:

Healthcare Identifiers

Do you hold a Medicare Card Yes/No, Veterans' Affairs card Yes/No, Concession card Yes/No - Please show these to reception
Health Insurance: Do you have private health insurance: Yes / No
If yes please provide details, name of Fund & type of cover (basic, intermediate, top cover)

Cultural Identity

To assist with health initiatives - are you Aboriginal or Torres Strait Islander: Yes / No - Please Circle
Aboriginal - Yes, Torres Strait islander - Yes, Both - Yes
As Australia is genuinely a multicultural society, and to tailor appropriate care, encourage understanding and appreciation between people from different nationalities and cultures, do you identify with any cultural background? Yes / No - Please Circle
Ethnicity:
Country of Birth:
Languages spoken:
Preferred language:
Do you require an interpreter: Yes / No - Please Circle

Your Health Information

Allergies: Do you suffer from any allergies and are you sensitive to any drugs, dressings or food: Yes / No
If yes please provide details - Name and Reaction
Smoking: Please circle Ex Smoker: Yes Smoker: Daily, Weekly, Less than weekly
Non Smoker: Yes Year Quit: # of Cigarettes Year Commenced

Family Health History Information

Heart disease - Yes / No if yes, who? Asthma - Yes / No if yes, who?
High Blood pressure - Yes / No if yes, who? Mental Illness- Yes / No if yes, who?
Diabetes - Yes / No if yes, who? Cancer - Yes / No if yes, who?
Cholesterol high- Yes / No if yes, who? Type of Cancer:

Medicare Billing

For each consultation, I offer to assign my rights to Medicare, benefit payable to the doctors of Emerald Medical Centre St Marys who will render the medical services. I am aware of my rights to access my Medicare information from Emerald Medical Centre St Marys, which will be made available upon my request with adequate notification time. If the information is not readily available, I understand I will be given an explanation in these circumstances.
Signed Date: / /