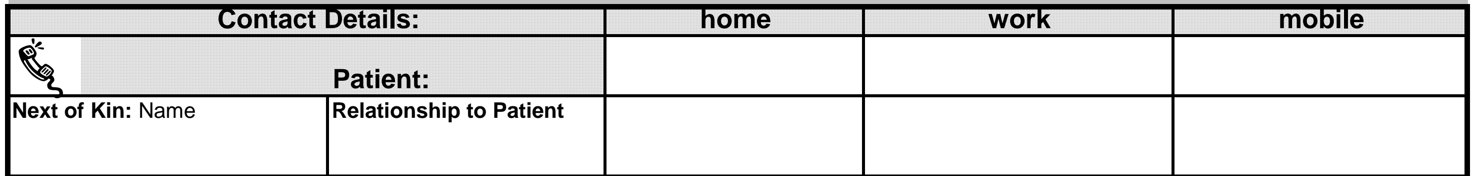
DR DAVID PARKER **PATIENT INFORMATION SHEET**

Mr Mrs Ms Miss Master Dr	Given Name/s:		Surname:	
Address:				
			postcode:	

Date of Birth:		Country of Birth:	



Contact Details:		home	work	mobile
Patient:				
Next of Kin: Name	Relationship to Patient			

Occupation:		Employer / School:	
email address:			

Medicare No:		Ref: (line no.)		Expiry date:	
PRIVATE Health Fund:		Membership No:			
Private Hospital Cover ?	yes no (circle)	served qualifying period?	yes	no	

Pension No:		Veterans Affairs:	

Referring Doctor:		Suburb:	
Local / Family Doctor:		Suburb:	
Treating Physiotherapist:		Suburb:	

Medical Conditions:	
Medications: (list all current)	
Allergies:	
Previous Surgeries : (list all)	
Anaesthetic: (list personal and/or family problems)	

LIFESTYLE	Smoking (cigarettes etc. per day average):	
	Alcohol (beer, wine, liquor average per week):	
	Sports Involvement:	

WORKERS COMPENSATION / THIRD PARTY (if applicable)		Injury Date:	
Insurance Company:			
Contact Name:		Claim Nbr:	

❒ I have been given the information sheet on confirming appointments for this practice (see next page, blue sheet)

❒ I choose to receive SMS confirmations on mobile ❒ I will phone to confirm my appointments

I have read the PRIVACY ACT CONSENT FORM (next page) regarding the handling of my information by this Practice for the purposes set out in that form. I consent to the handling of that information subject to any limitations on access or disclosure about which I notify this Practice.

Signed: ………………………………………………………………………… Date: …………………………………..

Patient Name: …………………………………………………Guardian/Parent: ………..……..………………………………..