For office use only:

[ ] Form completed
[ ] SMS enabled
[ ] Health identifier checked

GOLDEN BEACH MEDICAL CENTRE

PELICAN WATERS FAMILY DOCTORS

This information is private and confidential and is utilised in your clinical file only. It is a requirement that all patient files contain this information for our practice to meet the accreditation criteria. Please ensure you enter the below information as clearly and with as much accuracy as possible to assist us in providing quality care.

Please return to reception prior to your appointment.

Patient details:

Mr | Mrs | Ms | Miss | Dr **Surname:** …….. **Given name:** ……... **Middle name:** ……

Date of birth: ….. / …… / ……. **Pronouns:** She, her, hers | He, him, his | They, them, theirs

Country of birth: …….. **Ethnicity / nationality:** ……

Do you identify as: Aboriginal | Torres Strait Islander | Both Aboriginal and Torres Strait Islander | None

Residential address: …….. **Suburb**: …….. **Post code**: …….

Postal address (*if different to above*): ……

Home phone: …… **Mobile**: …… **Work**: ……..

Email: ……...…

Do you wish to receive electronic notifications? (*including updates on practice information*) Yes, please | No, thank you

Medicare number: ……... **Reference number**: ……. **Expiry date**: ……

Pension / Health Care card number: …….. **Expiry date**: ……..

Veterans Affairs number: …… Gold | White - Condition/s: ……

……...

Do you have private health insurance? No | Yes - **Insurer name**: ……..….. **Policy number**: ……..……

Occupation: …….. OR Child | Retired

Next of kin: …… **Relationship:** …… **Phone number:** ……

Emergency contact: ……... **Relationship:** …….. **Phone number:** ……..

For patients 16 and under, we are required to nominate a head of family so we can lodge Medicare claims on your behalf:

First parent listed on Medicare card: ……. **Parent's date of birth:** …… / ….. / …….

Current medications (*please include any complimentary holistic medications*):

……...

……...

Do you have any known allergies? No | Yes: ……...

Do you know your blood type? No | Yes: A | AB | B | O + / -

Be sure to follow us on Facebook:

www.facebook.com/goldenbeachmedicalcentre/ and *www.facebook.com/pelicanwatersfamilydoctors/*

Please turn over to complete the second page and return to reception prior to your appointment

Family & social history: Unknown (*e.g., adopted*) | No significant family history known

Mother - still alive: Yes | No | if **no**, age at death: ……. **Cause of death** ……..……

Please select any relevant conditions to your mother's health:

Diabetes | Hypertension | Heart disease | Stroke | Colon cancer | Breast cancer | Depression | Other: ……

Father - still alive: Yes | No | if **no**, age at death: …… **Cause of death** ……..……..

Please select any relevant conditions to your father's health:

Diabetes | Hypertension | Heart disease | Stroke | Colon cancer | Breast cancer | Depression | Other: ……

Marital status: Single | Married | De-facto | Widowed | Separated

Do you have an Advance Health Directive? Yes | No **Do you have an Enduring Power of Attorney?** Yes | No

**If you do have either of the above documents, please ask Reception to scan into your chart*

Are you an elite athlete? Yes | No **Recreational activities:** ……..

Accommodation: Own home | Rental | Relatives home | Nursing home | Homeless | Other

Lives with: Alone | Spouse | Parents/relative/s | Friend **Do you feel safe in your own home?** Yes | No

Are you a carer? No | Yes **Do you have a carer?** No | Yes:

Carer's name: …….. **Relationship**: …….. **Phone number**: ……

Alcohol consumption & smoking history

Do you drink alcohol? No | Yes - if **yes,** how many days per week? ……. How many standard drinks per day? …….

Past alcohol consumption: Nil | Occasional | Moderate | Heavy

Do you smoke cigarettes or vape? No | Yes - if **yes,** how many cigarettes/times per day? …….

Past smoking consumption: Nil | Light | Moderate | Heavy **Which year did you stop smoking?** …….

At Golden Beach Medical Centre and Pelican Waters Family Doctors, we strive to provide high quality care, appropriate to meet our patients' healthcare requirements. By becoming a patient of our medical centres and signing this new patient form, you are agreeing with and providing consent to the following:

- I consent to follow up reminders, recalls, and results being sent to the above address and/or via text message to my mobile phone number.
- I consent to the use of my personal health information by Golden Beach Medical Centre and Pelican Waters Family Doctors and other health care providers involved in my medical treatment and health care within this centre.
- I consent to the disclosure of my personal health information by the above-named practices to other health care providers involved directly or indirectly in my personal health care or medical treatment.
- I consent to Golden Beach Medical Centre and Pelican Waters Family Doctors providing de-identified statistical health information relating to me/my child for the purposes of research and quality assurance activities.
  (Please be assured that your personal details such as name, address and date of birth are NOT disclosed).
- I have read the information above and understand the reasons why my personal information is being collected. I understand this practice has a privacy policy on handling patient's information and that I'm not obliged to provide any of the information requested, but that failure to do so might compromise the quality of the healthcare and treatment provided to me.

Drugs of Addiction Prescribing Policy - the doctors at Golden Beach Medical Centre and Pelican Waters Family Doctors will not prescribe Drugs of Addiction or Schedule 8 Drugs to new patients at their first appointment. For existing patients requesting Drugs of Addiction or Schedule 8 Drugs, a face to face consultation is required with your regular doctor.

If you no longer require your appointment, please inform us so we can make it available to other patients. Failure to cancel a minimum of 1 hour prior to your appointment may incur a fee of $50.00 which is not claimable through Medicare.

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**: _____

Golden Beach Medical Centre and Pelican Waters Family Doctors are privately billing practices with all billing determined at the doctor's discretion