



Harp Family Medical

623 High Street (PO Box 443) Kew East 3102
Ph: 9859 7711 Fax: 9859 7722
www.harpmedical.com.au

PATIENT INFORMATION SHEET

Title: Mr Mrs Ms Miss Other _____

Christian name on Medicare card: _____

Preferred Christian Name: _____

Surname: _____

Date of birth: _____

Sex: Male Female

Aboriginal origin: Yes No

Torres Strait Islander origin: Yes No

Aboriginal and Torres Strait Islander origin: Yes No

Ethnicity: _____

Medicare No.: _____

Patient No.: _____ Expiry Date: _____

Centrelink Pension Card No.: _____ Expiry Date: _____

Centrelink Health Care Card No.: _____ Expiry Date: _____

Veterans' Affairs No.: _____ Expiry Date: _____

Address: _____

Town/Suburb: _____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

(We do not use email for medical advice or consultations)

Marital Status: Single Married Divorced De facto Separated Widow

Occupation: _____

Country of Birth: _____

NEXT OF KIN

EMERGENCY CONTACT Same as Next of Kin

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Where did you hear about our practice? _____

PARENT DETAILS

(if registering a child)

First name: _____

Surname: _____

Date of birth: _____

Medicare No.: _____

Patient No.: _____

Expiry Date: _____

MEDICAL HISTORY

Past History/Operations/Illnesses: _____

Current Medications: _____

Allergies: _____

Family History: _____

Smoker: Yes (Number per day: _____) No Ex-Smoker

Alcohol: Never Daily Weekly Other: _____

Referring Doctor - Name _____

Address _____

Provider No _____

Referral Date _____

At this Practice we participate in the My Health Record Program. We are happy to assist you with this program.

RECALL REMINDER SYSTEM / QUALITY IMPROVEMENT PROJECTS

This practice uses a recall reminder system and also participates in quality improvement projects.

To be able to participate we would need access to your medical health information.

This information will have no name, date of birth or any other identifying features before it is used in any project.

PRIVACY AND TERMS

We are committed to protecting the confidentiality of your personal information and health records. In submitting this form, you;

1. acknowledge that we, and our service providers, will collect your personal and health information to enable us to provide you with our health services and any related communications (for example, to manage your appointment bookings); and
2. consent to our handling of your personal information in accordance with our Privacy Policy (you can access our Privacy Policy on our website, or by asking us for a copy).

Do you agree to the terms?

I agree Signature _____