Forrest Road
MEDICAL CENTRE
2/65 Forrest Road, Padbury WA 6025
Ph: 9402 1922 Fax: 9402 1597

reception@forrestroadmedical.com.au
www.forrestroadmedical.com.au

NEW PATIENT DETAILS

This information is private and confidential and is for use in your clinical file only
Please print and give as much detail as possible to assist us to provide quality care.

Full name: Mr Mrs Ms Miss Surname: _____ First Name: _____ Middle Name: _____

Date of Birth __/__/____ Ethnicity: Australian Aboriginal TSI ATSI Other _____

Medicare. __ __ __ __ __ __ __ __ __ __ Ref no ___ (next to name) Exp_____

Dept Vet Affairs. __ __ __ __ __ __ __ Gold/White/Orange Exp. _____

Pension/Healthcare Card No. __ __ __ __ __ __ __ __ __ __ Exp_____

Do you have private health care fund. Yes No Which Fund _____ _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____ Business: _____contact at work yes/no

Email Address: _____

Occupation: _____ Country of Birth: _____

Preferred Method of Contact (please circle): Mobile SMS Email Home Phone Work Phone

Consent to SMS (please circle): Yes No
Consent to Emails (please circle): Yes No

Next of Kin _____ Relationship _____Phone:_____

Emergency Contact_____ Relationship:_____ Phone:_____

COMMUNICATION:
Australia is a genuinely multicultural society and appreciates people of different nationalities and cultures. However, to provide appropriate care we need to communicate clearly with you.

If English is not your first language: Are you confident to consult in English? Y / N

If not, would you like us to arrange an interpreter for your consults? Y / N Preferred Language_____

CONSENT
At Forrest Road Medical Centre we strive to provide high quality care, appropriate to meet our clients health care requirements. By becoming a patient of Forrest Road Medical Centre and signing this new patient form I agree and consent to the following:

I consent to the use of my personal health information by Forrest Road Medical Centre 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 practice to other health care providers involved directly or indirectly involved in my personal health care or medical treatment.

As part of preventative health services offered by this practice we send out follow up reminders and recalls when routine investigations are due. I consent to receive follow up reminders and recalls to be sent to the above address.

Please note we are a mixed billing practice and only bulk bill pensioners, concession card holders and children 16 years and under. Please check with reception for any further information on fees and rebates.

Name_____Signature_____Date_____/_____/_____

CURRENT MEDICATION: and Dosage:

_____

_____

ALLERGY INFORMATION: Do you have any allergies or are you sensitive to drugs or dressings?

☐ No
☐ Yes – provide details:

_____

_____

MEDICAL HISTORY: Do you have or have you had a history of the following?

☐ Surgery – provide details:
☐ Asthma
☐ Diabetes
☐ Hypertension
☐ Chronic Illness
☐ Other – provide details:

_____

_____

SOCIAL HISTORY: Please circle the most appropriate answer fill out all other areas

Marital Status: Single Married De-facto Divorced Widowed Separated

Alcohol Consumption: Do you drink alcohol? Yes No If yes how much _____

Smoking: Do you smoke? Yes No If yes how many per day ? _____

FAMILY HISTORY: Please circle the most appropriate answer and fill out all other areas

Family History: No significant family history Other – see list below

MOTHER Diabetes Kidney Disease Asthma High Blood Pressure Heart Problems
Breast Cancer Colon Cancer Stroke Depression Epilepsy Other Cancer

FATHER
Diabetes Kidney Disease Asthma High Blood Pressure Heart Problems
Colon Cancer Stroke Depression Epilepsy Other Cancer

HOW DID YOU FIND OUT ABOUT OUR S?

Word of Mouth Relatives Drive/walk past Leaflets/flyers Pharmacy

Internet Other _____

Thank you for choosing our practice.
Please help yourself to one of our brochures for more information on how we can assist you