

This information is private and confidential and is for use in your clinical file only. It is a requirement that all files contain this information for accreditation purposes. Please print and give as much detail as possible to assist us to provide quality care.

How did you find out about our surgery?

- Word of Mouth  Relatives  Drive/walk past  A frame outside  Website   
 Yellow pages  White Pages  Leaflets/flyers  School Newsletter  Radio   
 Bowls Club  Holiday Accom  Pharmacy  Library Card  Other:

PATIENT DETAILS

Mr Mrs Ms Miss Dr Surname:  Given Name:  Middle Name:

Gender Identity: Male  Female  Non—Binary  Transgender  Gender Diverse  Other

Date of Birth:  Country of Birth:  Ethnicity/Nationality:

Do you Identify as? Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander

Other:

Residential Address:  Suburb:  Postcode:

Postal Address: (If different to home)

Phone:  Mobile:  Business:

Email:  Do you wish to receive electronic emails from us? Yes  No

Medicare No:  Ref # (Next to name):  Expiry:

Pension/Health Care No:  Expiry:

Veterans Affairs No:  Gold  White  Conditions:

Do you have private health care fund? Yes  No  Fund Name:  Fund number:

Next of Kin:  Relationship:  Ph:

Emergency Contact:  Relationship:  Ph:



Be sure to follow us on Facebook

[www.facebook.com/goldenbeachmedicalcentre/](http://www.facebook.com/goldenbeachmedicalcentre/) and [www.facebook.com/pelicanwatersfamilydoctors/](http://www.facebook.com/pelicanwatersfamilydoctors/)

Office Use Only:

- Form Completed  
 NP  
 Existing  
 Enabled SMS

Please return to reception prior to going into your appointment

PLEASE TURN OVER

SOCIAL HISTORY

Marital Status: Single  Married  Defacto  Widowed  Separated

Accommodation: Own Home  Rental  Relatives Home  Nursing Home  Homeless  Other:

Lives with: Spouse  Alone  Relative/Parents  Friend

Recreational activities:  Are you an Elite Athlete? Yes  No

Are you a carer? Yes  No  Do you have a carer? Yes  No  If Yes: Carer Name:

Carer Address:  Contact Number:

Do you have a current Enduring Power of Attorney? Yes  No  Please provide a copy

Do you have a current Advanced Health Directive? Yes  No  Please provide a copy

Do you feel safe in your own home? Yes  No

Occupation:  Year Started:  Year Stopped:

Are you? Retired  A Child  A Student

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

Past Smoking History: Nil  Light  Moderate  Heavy  Which year did you stop smoking?

Alcohol Consumption: Do you drink alcohol? Yes  No

If Yes, How many days per week?  How many standard drinks per day?

Past Alcohol Consumption: Nil  Occasional  Moderate  Heavy

At Golden Beach Medical Centre and Pelican Waters Family Doctors we strive to provide high quality care, appropriate to meet our clients' health care requirements. By becoming a patient of both medical centres and signing this new patient form I agree and consent to the following:

I consent to receive follow up reminders and recalls to be 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.

If you no longer need 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 at Medicare.

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 consultation is required with your regular doctor. Scripts will not be done over the phone.

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: