

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: