

Neutral Bay Medical Practice - CBD Medical Practice

Medicare Number	Ref N°										
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Do you have an Australian concession/government card of any type ? Not Student Cards	
Type	_____
Number	_____
End Date	_____

File Number
Date Form Completed

Department of Veteran Affairs N°	Expiry Date	Month	Year										
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Surname	Given Names	Date of Birth

Address	Phone Numbers																
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Home																	
Work																	
Mobile																	

Email Address	Marital Status	Country of Birth/Nationality

Employer	Occupation	Smoker	Alcohol Consumption
		No Yes Cigarettes per day	Glasses per week

Other Relevant Information
Are you an Aboriginal or Torres Strait Islander? Please tick box <input type="checkbox"/>

Allergies
If NO allergies please tick <input type="checkbox"/>
Substance <input style="width: 50px;" type="text"/> Reaction <input style="width: 50px;" type="text"/>

Medical History – Including Current										
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CURRENT MEDICATIONS		
If no medications please tick: <input type="checkbox"/>		
<small>Date of Entry or Change</small>	Contraceptive Pill Brand (if relevant)	
	<small>Medication</small>	<small>Dose Frequency</small>

Family History
Any history of Cancers, Diabetes, high blood pressure, heart disease etc?
Mother:
Father
Grandparents
Sister/Brothers

Immunisations																
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PROCESSED BY																

Emergency Contact	
<small>Name</small> _____	<small>Phone</small> _____
Do they come to this practice? Yes/No _____	
Patient Signature	

INSTRUCTIONS and BACKGROUND

The practice takes your privacy very seriously. However, we do require as much accurate medical information as you can provide. We do require additional contact information so that we can contact you in often in urgent situations.

Please ensure your details are up to date each time you visit the practice. We will usually, given the circumstances, check your details each time you visit the practice.

It is **essential** that we have the following information:

- Name
- Address
- Date of birth
- Medicare Number (**Please bring in your Medicare Card**, if you do not, we cannot bulk bill you)
- Contact phone number(s)

Ideally:

- Any known allergies and the reaction
- A list of your current medications including the doses, if you are not sure, please bring **ALL** your medications, even the ones that you do not think that you are taking.

We ask that you provide your **signature** so that this will help to verify correspondence

We require an emergency contact, so that we can contact them if for any reason that you injured (etc). We may need to contact them if for any reason we cannot contact you with the information given (eg phone number no longer connected etc)

Once you have filled out the form you can either

- Bring it in to the surgery

OR

- Fax it to the following numbers:

Neutral Bay Medical Practice – Suite 1, 203 Military Road , Neutral Bay – Fax 9909 2944

CBD Medical Practice – Ground Floor, 70 Pitt Street, Sydney – Fax 9231 4500