



Warragul
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 reception@centralclinic.com.au

Drouin
 61 Commercial Place, Drouin 3818
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How did you hear about Central Clinic? _____

E.g. Friend, Family, Newspaper, Radio, Internet

Patient Details

Mr / Mrs / Ms / Miss / Mast (please circle)

Surname: Given name/s:

DOB:/...../..... Birth Sex: M / F

Gender Identity: Pronouns: He/Him/His She/Her/Hers They/Them/Theirs

Ethnicity:

Street Address: Suburb: Postcode:

Postal Address: Suburb: Postcode:

Home phone: Work: Mobile:

Email Address: Preferred method of contact: Phone / Mail

Medicare card: Ref No: Exp:/...../.....

Health Care Pension Commonwealth Seniors: Card No: Exp:/...../.....

DVA card: Exp:/...../..... Card Type: Gold / White (condition specific)

Occupation: Retired

MyHealth Registered: Yes No

As a patient of this clinic you are agreeing to receive SMS appointment confirmation, recalls for results, clinical reminders, and health awareness. If you do not wish to receive reminders via SMS, advise our reception staff or you can opt-out of this service at any time by replying STOP. It is your responsibility that your contact details are kept current and up to date.

Do you consent to having HEALTH REMINDERS mailed to you? Yes / No (please circle)

Next Of Kin

Name: Relationship to you:

Address: Postcode:

Home phone: Work: Mobile:

Emergency contact

Name: Relationship to you:

Address: Postcode:

Home phone: Work: Mobile:

Do you have any ongoing claims? TAC / Workcover (please circle)

Privacy Consent

In accordance with the *Privacy Act (1988)*, all information in this practice is treated as “sensitive information”. To protect your privacy, this practice operates in accordance with the Act. We use the information you provide to manage your health care. You can assist in maintaining the accuracy of your information by advising the practice of changes of address, phone number, etc.

Selected information may be disclosed to various other health services involved in supporting your health care management (e.g. pathology and radiology). Your health information is accessible to health services within Central Clinic that are involved in your healthcare management.

Please note – Due to privacy laws it is preferred that adults and persons over sixteen years of age, arrange their own appointments whenever possible. Results **cannot** be given to a third party except under special circumstances.

I consent to the use of my personal health information by Central Clinic and other health providers involved in my medical treatment and health care.

I consent to the disclosure of my personal health information by the above named practice to other health providers directly or indirectly involved in my personal health care or medical treatment.

Signature: Date:/...../.....

Please give this page to your doctor:

Patient Name: _____

DOB: _____

Allergies

No Yes (please list)

Reaction: _____ Severity: Mild Moderate Severe

Reaction: _____ Severity: Mild Moderate Severe

Reaction: _____ Severity: Mild Moderate Severe

Family History

Unknown (e.g. Adopted) No significant Family History

Mother alive? Yes No Age of death ____ Cause of death _____

Father alive? Yes No Age of death ____ Cause of death _____

Significant family history:

Mother: Diabetes Hypertension Heart disease Stroke Colon cancer Depression Breast cancer

Father: Diabetes Hypertension Heart disease Stroke Colon cancer Depression

Other family members past history:

Social History

Marital status: Married Single Widowed Defacto Separated Divorced

Sexuality: Heterosexual Homosexual Bisexual

Elite athlete: Yes No

Advanced care directive: Yes No Enduring power of attorney: Yes No

Accommodation: Own home Relatives home Hostel Nursing home
 Rental Homeless Other: _____

Lives with: Alone Spouse Friend Relative

Has carer: Yes No Details: _____

Is a carer: Yes No

Do you feel safe in your own home: Yes No

Smoking

Non-smoker Smoker Ex-smoker Cigarettes per day: ____ Year started: _____

Alcohol

Non-drinker or: Current alcohol intake: Drinking days per week: ____ Alcoholic drinks per day: ____