



NEW PATIENT INFORMATION FORM

2 Collins Street Melbourne Vic 3000

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We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate.

Title		Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
Surname		Medicare no	IRN	Expiry date
First Name		DVA Gold/White	Expiry date	
Date of Birth:		Pension/ HCC no	Expiry date	
Gender	male/female/other			
Ethnicity		Next of Kin		
Aboriginal/tsi	Yes/no	Contact no		
address		Relationship		
City/suburb		Emergency contact		
postcode		Contact no		
Mobile phone				
Other phone		Relationship		
email		Your Occupation		

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

Yes (If yes please list below) No

Smoker: Yes No If yes, how many a day / week _____ or Ex-Smoker Quit Smoking
Date: _____ Never Smoked

Alcohol: Yes No
If yes, how many standard drinks per _____ day / week / month (circle the one applicable)

Drug use: _____ (type and frequency)

Height: _____ cms Weight: _____ kgs

Your Health History - Do you have or have you had a history of? (Please tick)

Diabetes Asthma Hypertension Operations Chronic illness
 Depression/Mental Illness Other Nil Known

Family History - Have any members of your family had? (Please tick)

Diabetes Asthma Cancer
 Heart Disease Mental illness Other Nil Known

- I, the person named above am responsible for this account and agree for the assignment of Medicare benefits to Collins GP
- I consent to medical information/reminders being sent to me via post, SMS and/or email

Signature..... Date

Medicare does not fund non-attendance items. You may wish to consider our membership, which includes online consultations, and all non-attendance services. Explore this option on our website: www.collinsgp.com.au

THANK YOU