



## NEW PATIENT INFORMATION SHEET

### **DRUGS OF DEPENDENCE WILL NOT BE ISSUED on the first consult**

*(This includes Panadeine Forte, Oxazepam, Valium, Zanax, Tramadol, Oxycontin, Serepax etc)*

Please inform our reception staff if you are unable to make your appointment, a **\$25 non-attendance fee** for failure to cancel or attend your appointment.

### Patient Details

Title: (Please Tick)  Mr  Mrs  Ms  Miss  Master  Dr Other .....

Name: \_\_\_\_\_

Male  Female  Other  \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone No: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_

Do you give consent to receive information/reminders via SMS  Yes  No

Do you consent for use and collection of information with regard to your healthcare?  Yes  No

#### **HOW DID YOU HEAR ABOUT US: (please circle relevant answer)**

Website      Friend/Family/Neighbour      Facebook      Other: \_\_\_\_\_

### Cultural Background/Marital Status/Country of Birth Details

Do you wish to identify your cultural background?

No  Aboriginal  Torres Strait Islander  Both (ATSI)  Other  (specify): \_\_\_\_\_

Occupation: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Marital Status Single  Married  De-facto  Divorced  Separated  Widowed

Language/s Spoken: \_\_\_\_\_ Religious Consideration: \_\_\_\_\_

### Medicare/Pension/HCC/Veteran/Private Health Details

Medicare No: \_\_\_\_\_ (Patient Reference # \_\_\_) Expiry Date: \_\_\_/\_\_\_/\_\_\_

Pension/Health Care Card (please circle) # \_\_\_\_\_ Expiry Date: \_\_\_/\_\_\_/\_\_\_

Veteran's Affairs \_\_\_\_\_ (Gold or White) card Expiry Date: \_\_\_/\_\_\_/\_\_\_

Private/Overseas Insurance No: \_\_\_\_\_ Fund: \_\_\_\_\_ Expiry: \_\_\_\_\_



Patient Medical History

DRUG ALLERGIES: (please write down the drug name and what kind of reaction you had (e.g. Rash))

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CURRENT MEDICATION:

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PAST HOSPITALISATION/SURGERY: (please include dates of surgery, if known)

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FAMILY HISTORY: (List any problems/diseases and the relationship to yourself)

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Daily Living Details

Smoking Status:

Non-Smoker  Smoker  Ex-Smoker  Year Quit \_\_\_\_\_

If smoker, how many years (approximately) have you smoked for? \_\_\_\_\_

What sized packs do you buy? 20  25  30  35  40  50  Pouch

How many packs do you buy per week? \_\_\_\_\_

Alcohol Consumption:

Nil  Less than once per week  2-3 days/week  4-6 days/week  Daily

Number of usual drinks consumed (standard drinks) 1-2  3-4  5-6  7-10  More than 10

Any other drugs used?

Marijuana  Speed  Ecstasy  Heroin  Cocaine  Ice

Other  How often? \_\_\_\_\_