



Unit 4, 210 Wanneroo Road
Madeley WA 6065

NEW PATIENT DETAILS

This information is private and confidential and is for use in your clinical file only. Please print and give as much detail as possible to assist us to provide quality care.

Full name: Mr Mrs Ms Miss Mast Dr Surname: _____ First Name: _____ Middle: _____

Date of Birth ____/____/____

Family Ethnicity: Aboriginal/TSI; Other _____ Country of birth: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____ Business: _____ contact at work yes/no

Email Address: _____ Do you consent to SMS contact? _____

Preferred Method of Contact (please circle): Mobile SMS Email Home Phone Work Phone

Medicare Card or Vet Affairs No. _____ Ref no _____ (next to name) Exp _____

Pension/Healthcare Card No. _____ Exp _____ Type _____

Next of Kin _____ Relationship _____ Phone _____

Emergency Contact Person _____ Relationship: _____

Contact Phone No: _____ Mobile Phone No: _____ Business: _____

By becoming a patient of Highland Medical Centre and signing this new patient form I agree/consent to the following:

I consent to the use of my personal health information by Highland Medical Centre 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 practice to other health care providers involved directly or indirectly involved in my personal health care or medical treatment.

I understand that if I make an appointment and do not arrive or cancel the appointment without 1 hour minimum notice I may receive an account for a missed appointment fee.

Signature _____ Date ____/____/____

Printed Name _____

As part of preventative health services offered by this practice we send out follow up reminders and recalls when routine investigations are due. I consent to receive follow up reminders and recalls to be sent to the above address. **Yes / No**

How did you find out about our surgery?

Word of Mouth Drive/Walk past Health Engine Hot Doc Social Media Logic Health

Online e.g Google/Highland Medical Website Other-Specify _____

PLEASE TAKE THIS SECTION TO DOCTOR – all areas with ** must be entered

Full name: Mr Mrs Ms Miss Dr Mast Surname: _____ First Name: _____ Middle Name: _____

Date of Birth ___/___/___

****FEMALE PATIENTS:** Date of last Pap Smear: _____ Where Performed _____

****Result:** _____

****ALL PATIENTS:** Please list any known **allergies** _____

****Your reactions:** _____

****The severity:** _____

Do you know your **blood group**? Yes No If yes what group are you? _____

****Weight:** _____ **kg** ****Height:** _____ **cm** ****Waist Circumference:** _____ **cm**

****FAMILY HISTORY:** Please circle the most appropriate answer fill out all other areas

Family History: Unknown (eg Adopted) Other – see list below

Mother: Still alive: Yes No If no, Age at Death: _____ Cause of death _____

Diabetes Asthma High Blood Pressure Heart Disease Stroke Depression Cancer – please state _____

Father: Still alive: Yes No If no, Age at Death: _____ Cause of death _____

Diabetes Asthma High Blood Pressure Heart Disease Stroke Depression Cancer – please state _____

Other immediate family significant illness: _____ Relationship: _____

****SOCIAL HISTORY:** Please circle the most appropriate answer fill out all other areas

****Current Alcohol Intake:** How many days per week? _____ How many per day? _____ Non Drinker _____

****Past Alcohol History:** Nil Occasional Moderate Heavy

****Do you smoke?** Yes No If yes how many per day ? _____ Past Smoking History: Nil Light Moderate Heavy

Which year did you stop smoking? _____

Your Current Medications and Doses: _____

Please list any operations or previous illnesses: _____

If this information is for your child please provide a copy of your child's immunisation history to the receptionist.

At Highland Medical Centre we strive to provide high quality care, appropriate to meet our client's health care requirements. Your feedback is important to us. Please feel free to fill in a Suggestions form at the front counter.