



48 Palmerston Street, MELTON VIC

NEW PATIENT FORM

PLEASE PRINT DETAILS CLEARLY

TITLE: _____ NAME: _____ D.O.B: _____

ADDRESS: _____

PHONE: H) _____ (M) _____ (W) _____

EMAIL ADDRESS: _____

NEXT OF KIN NAME: _____ PH: _____

EMERGENCY CONTACT : _____ PH: _____

ABORIGINAL OR TORRES STRAIT DECENT: YES NO | ETHNICITY: _____

MEDICARE NO: _____ (Number Next to Name) REF: _____ EXP: _____

PENSION/HEALTH CARE CARD NO: _____ EXP: _____

DVA NUMBER: _____ COLOUR: _____ HEALTH FUND: _____ MEM NO: _____

OCCUPATION: _____ ALLERGIES _____

ALCOHOL: _____ Per Day/Week | SMOKER: _____ Per Day/Week ☐ Ex Smoker. YEAR
QUIT: _____

DO YOU HAVE ANY SIGNIFICANT FAMILY HISTORY:

RESULTS

It is the policy of this surgery not to inform or acknowledge any of your results over the phone. Please see your GP to discuss your results. Urgent matters and reminders will be dealt with in accordance to our recall and reminder policies.

YOUR PRIVACY IS OUR CONCERN

In accordance with the Privacy Act, all information collected in this practice is treated as confidential information. To protect your privacy, this practice operates in accordance with this Act. You can collect our clinics Privacy Policy from our Reception.

I have read and understood all of the above information.

Signed: _____ Date: _____

Please tick this box if you wish to opt out of our recall and reminder process ☐