Harp Family Medical
623 High Street East Kew 3102 :: Phone 9859 7711 :: Fax 9859 7722 :: PO Box 443 East Kew 3102
www.harpmedical.com.au

PATIENT INFORMATION SHEET

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

First name on Medicare card: _____

Preferred Name: _____

Surname: _____

Date of birth: _____

Sex: ☐ Male ☐ Female

Aboriginal origin: ☐ Yes ☐ No

Torres Strait Islander origin: ☐ Yes ☐ No

Aboriginal and Torres Strait Islander origin: ☐ Yes ☐ No

Medicare No.: _____

Patient No.: _____ Expiry Date: _____

Centrelink Pension Card No.: _____ Expiry Date: _____

Centrelink Health Care Card No:_____ Expiry Date: _____

Veterans' Affairs No.: _____ Expiry Date: _____

Address: _____

Town/Suburb: _____ Postcode: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

(We do not use email for medical advice or consultations)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ De facto ☐ Separated ☐ Widow

Occupation: _____

Country of Birth: _____

PARENT DETAILS
(if registering a child)

First name: _____

Surname: _____

Date of birth: _____

Medicare No.: _____

Patient No.: _____

Expiry Date: _____

NEXT OF KIN

Next of Kin

Name: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT ☐ Same as

Name: _____

Phone: _____

Relationship: _____

Where did you hear about our practice? _____

Please also complete information on reverse of sheet…

MEDICAL HISTORY

Past History/Operations/Illnesses: _____

_____

_____

_____

Current Medications: _____

_____

_____

_____

Allergies: _____

_____

_____

_____

Family History: _____

_____

_____

_____

Smoker: ☐ Yes (Number per day: _____) ☐ No ☐ Ex-Smoker

Alcohol: ☐ Never ☐ Daily ☐ Weekly ☐ Other: _____

RECALL REMINDER SYSTEM / QUALITY IMPROVEMENT PROJECTS

This practice uses a recall reminder system and also participates in quality improvement projects. To be able to participate we would need access to your medical health information. This information will have no name, date of birth or any other identifying features before it is used in any project.

At this Practice we participate in the Personally Controlled Electronic Health Record Program eHealth And we are happy to assist you with this program.