Welcome to Glebe Medical Centre

Keeping you and your family in good health is our mission. Please assist us by completing all details on this **New Patient Registration Form** and present it to our staff with your **Medicare Card** and **valid photo ID**.

Patient Information ***(Please complete ALL 13 fields & Sign Below)***

Title: Mr Mrs Ms Miss Dr

1. **Surname:** _____ **First Name:** _____**Date of Birth:** ____ /____ /_____

2. **Address:**_____**Suburb:**_____ **Postcode:**_____

3. **Mobile:**_____ **Home Phone:** _____**Work Phone:**_____

4. **Email Address:**

5. **Medicare Card?** Yes / No

Medicare Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Reference Number (In front of Name): ___ Expiry Month/Year: _____ / _____

6. **Concession Card?** Please circle : None Health Care Card Pensioner Card

Card Number: Expiry Date: ____ / _____ / _____

7. **DVA Card Number?** Yes / No Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Expiry Date: ____ / ____ / _____

8. **Are you a Student?** Yes / No

ID Card Number: Institution: (Please present ID card to reception)

Allianz OSHC Student Insurance?: No / Yes Policy No: _____ Expiry Date:_____/_____/_____

9. **Emergency Contact Person**

Name:

Relationship To You: Phone Number:

10. **Ethnicity** Please circle : Australian English Chinese Indian Other: _____

To help with health initiatives, are you of **Aboriginal or Torres Strait Islander Heritage**? Yes / No

11. **Occupation:** **/** Not Employed

12. **Allergies** Do you have any allergies or sensitivity to drugs or dressings? None

Please list:

13. **Feedback** How did you find out about Glebe Medical Centre? Please circle:

Referral by Family/Friend | Walking by | Flyer | Online/Google | Magnets | Chemist | Other: _____

Patient Consent

- I agree that if I do not attend my GP appointment or fail to give 2 hour notice to cancel my appointment, I will be required to pay a $20 Non-Attendance Fee. I am also aware that if I run more than 20 minutes late to my appointment that I will need to reschedule for another appointment.
- I give permission for my medical records and personal health information to be shared between the doctors of this practice and any affiliated practices of this group for the purposes of my medical care.
- I authorise Glebe Medical Centre to access and upload my shared health summary to My Health Record.
- I agree to allow my doctor to communicate relevant medical information to specialists, hospital staff, pathology labs, and other health care providers involved in my medical care. I also understand that should I not want my medical or personal information disclosed to other doctors or staff of this practice, I need to inform my usual doctor.
- I consent to be contacted by SMS for medical notifications.

Signature:_____ **Date:**_____

Please turn over the page to complete your Health Summary

(Office Use Only) All Mandatory Fields Completed: ____ /12 Staff Name:

Medical Health Summary

Please list all **CURRENT MEDICATIONS** you take: None

_____

_____

_____

Please list any **CURRENT MEDICAL CONDITIONS** you have if any: None
eg: asthma, eczema, high blood pressure, high cholesterol

_____

_____

_____

Please list any significant **PAST MEDICAL CONDITIONS** or reasons for hospitalisation if any: None
eg: appendectomy, fracture, surgery

_____

_____

Do you have a **Family History** of the following conditions? Please tick

	Diabetes	Hypertension	Ischaemic Heart Disease	Stroke	Depression	Asthma	Cancer (specify type)	Other Condition
Mother								
Father								
Brother								
Sister								

Do you smoke? No / Yes If Yes, how many cigarettes do you smoke per day? _____

How much alcohol do you consume? Number of days per week _____ Number of drinks per session _____

Women's Health (18-70 years old)
When was your last pap smear?

Date: ____/____/_____ or
- ☐ Within 2 years
- ☐ More than 2 years ago
- ☐ Never
- ☐ Not required

Were the results:
- ☐ Normal
- ☐ Abnormal

Women & Men
When was your last blood sugar/cholesterol test?

Date: ____/____/_____ or
- ☐ Within 1 year
- ☐ More than 1 year ago
- ☐ Never

Were the results:
- ☐ Normal
- ☐ Abnormal

Men's Health (over 50 years old)
When was your last prostate/PSA test?

Date: ____/____/_____ or
- ☐ Within 1 year
- ☐ More than 1 year ago
- ☐ Never

Were the results:
- ☐ Normal
- ☐ Abnormal

Thank you for completing this form.

Book your next appointment ONLINE!
Through our website www.GlebeMedicalCentre.com.au or download the free app 'APPOINTUIT'

Appointuit.com

Appointuit.com

(Office Use Only)