

**NEW PATIENT QUESTIONNAIRE**
**Patient information details**

Title: Mr Mrs Ms Miss Master	Last name:	Gender:
First Name:	Middle name:	
Preferred title/name:	Date of birth:	
Telephone:	Work:	Mobile:
Address:	Email:	
Suburb/City:	Postcode:	
Medicare card number:	Expiry:	
Pension/HCC number:	Pension card type:	
DVA number:		
Private health insurance fund:	Number:	
Private hospital insurance cover (if known): <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Extras		

**Background**

Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ethnicity:	Aboriginal or Torres Strait Islander:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Religion:		
Next of Kin:	Relationship:	
Emergency contact:		
Relationship:	Telephone:	

**Clinical**

<b>Medical Problems:</b>		
Smoker: If yes, _____ cigarettes per day? Started _____ years ago.		
Alcohol: If yes, _____ std drinks per day, _____ days per week		
<b>Allergies:</b>		
<b>Medications</b>	<b>Dose</b>	<b>Frequency</b>

**Consent**

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccinations, Pap tests and other health reviews. Do you consent to receiving these reminders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders, which can be helpful if you move. Do you consent to to receiving these reminders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assignment of medicare benefit: I assign my right to benefits to the Practitioner from Royal Park Family Practice who renders any service(s) or I offer to assign my right to benefits to the approved Pathology Practitioner who will render the requested pathology service(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. You can request a copy of our privacy and confidentiality policy, or read it online on our website at [Http://www.royalparkfp.com.au](http://www.royalparkfp.com.au)*

*Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.*

**General**

<b>How did you hear about us:</b>
<b>I would like to sign up for your newsletter and receive regular updates.</b> <b>My email is:</b>

**Patient declaration:**

**I have completed the above to the best of my knowledge. I have read the above information and give consent to the relevant sections, including the assignment of medicare benefit.**

---

**Signature**


---

**Date**

*Note: If completing this form prior to your appointment, please email to [admin@royalparkfp.com.au](mailto:admin@royalparkfp.com.au), and advise our staff that you have done so. Please sign it electronically - you are not able to, we will to print it and request that you sign it prior to your appointment.*