



BLAIR ATHOL MEDICAL CLINIC NEW PATIENT INFORMATION SHEET

DRUGS OF DEPENDENCE WILL NOT BE ISSUED at a 1st consult in this practice
(This includes Panadeine Forte, Oxazepam, Valium, Zanax, Tramadol, Oxycontin, Serepax etc)
As of the **1st February 2019**, we have introduced a DNA Policy in our practice. You will be charged a **\$25 non-attendance fee** for failure to attend an appointment or failure to cancel at least 2 hours prior to your appointment.

Patient Details

Title: (Please Tick) Mr Mrs Ms Miss Master Dr Other

Name: _____

Male Female Other _____ Date of Birth: _____

Home Address: _____

Postal Address: _____

Phone No: (H) _____ (W) _____ (M) _____

Email: _____

Next of Kin: _____ Relationship: _____ Ph: _____

Emergency Contact: _____ Relationship: _____ Ph: _____

Do you give consent to receive information/reminders via SMS Yes No

Do you consent for use and collection of information with regard to your healthcare? Yes No

HOW DID YOU HEAR ABOUT US: (please circle relevant answer)

Website Friend/Family/Neighbour Facebook Other: _____

Medicare/Pension/HCC/Veteran/Private Health Details

Medicare No: _____ (Patient Reference # ___) Expiry Date: ___/___/___

Pension/Health Care Card (please circle) # _____ Expiry Date: ___/___/___

Veteran's Affairs _____ (Gold or White) card Expiry Date: ___/___/___

Private/Overseas Insurance No: _____ Fund: _____ Expiry: _____

Cultural Background/Marital Status/Country of Birth Details

DO YOU WISH TO IDENTIFY YOUR CULTURAL BACKGROUND?

No Aboriginal Torres Strait Islander Both (ATSI) Other (specify): _____

Occupation: _____ Country of Birth: _____

Marital Status Single Married De-facto Divorced Separated Widowed

Language/s Spoken: _____ Religious Consideration: _____



Patient Medical History

DRUG ALLERGIES: (please also write down the drug and how you reacted e.g. Rash)

CURRENT MEDICATION:

HOSPITALISATION/SURGERY: (please include dates of surgery if known)

FAMILY HISTORY: (List any problems/diseases and the relationship)

Daily Living Details

Smoking Status:

Non-Smoker Smoker Ex-Smoker Year Quit _____

If smoker, how many years (approximately) have you smoked for? _____

What sized packs do you buy? 20 25 30 35 40 50 Pouch

How many packs do you buy per week? _____

Alcohol Consumption:

Nil Less than once per week 2-3 days/week 4-6 days/week Daily

Number of usual drinks consumed (standard drinks) 1-2 3-4 5-6 7-10 More than 10

Any other drugs used?

Marijuana Speed Ecstasy Heroin Cocaine Ice

Other How often? _____