NEW PATIENT INFORMATION FORM

Today's Date: ________________________ **Title: Mr Mrs Ms Miss**

Surname: ____________________________ **First Name: ___________________________**

Date of Birth: ________________________

Address: ____

____

Phone Numbers: (h/w):______________________ **Mobile: _______________________________**

E-mail: ___________________________________@____

Referring Doctor: ____

General Practitioner (if different): ____

Medicare No.: ________________________________ **Exp Date: _____________________________**

Ref No.: (found left hand side of your name): ____________

Are your Bank details registered with Medicare? Yes No

Private Insurance Fund: ________________________ **Membership No.: ______________________**

Pension/Concession Number: ____________________ **Vet Affairs No.: ______________________**

What are your drug allergies: ____

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Do you smoke? Yes No **Have you had Tuberculosis? Yes No**

Have you had Cancer: Yes No **(Type:________________________________)**

Are you planning a pregnancy? Yes No

Have you had Hepatitis: Yes No **(Type: ________________________________)**

Do you have/had Diabetes? Yes No **Do you have/had Psoriasis? Yes No**

Please turn over and complete side 2

Please list ALL prescribed medications:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

Please indicate if you have RECENTLY had:

- ☐ **Major weight loss**
- ☐ **Fevers/Night sweats**
- ☐ **Hand colour changes in cold weather**
- ☐ **Severe dryness of mouth and/or eyes**
- ☐ **Red and painful eyes**
- ☐ **Severe joint swelling**
- ☐ **Prolonged morning stiffness (over 1 hour)**
- ☐ **New Unusual HEADACHES**
- ☐ **Shortness of Breath**

What is your MAJOR complaint today?:

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Thank you. Please be aware that examination often requires getting undressed to your underclothes. Please advise if you are not comfortable about this.