



WELCOME TO THE HEALTHHUB TAREE & HARRINGTON

New Patient Information Form



Please complete the following history as best you can. This is essential to ensure your medical records are up to date and accurate.

Mr / Mrs / Ms	First Name:	Surname:
Date of Birth:		
Home Phone:	Work Phone:	Mobile: (SMS)
Address:		
Email address:		
*Please give your Medicare /HCC/Pension card to the Receptionist to enter on your records OR FILL IN HERE.		
Medicare No:..... Expiry Date.....		
Health Care /Pension Card..... Expiry Date.....		
DETAILS OF YOUR NEXT OF KIN and EMERGENCY CONTACT		
NEXT OF KIN:		EMERGENCY CONTACT:
Name:		Name:
Relationship:		Relationship:
Contact No:		Contact No.

How did you hear about our Practice? Google Local Directories Advertisement Walk in Family/Friend

Are you of Aboriginal or Torres Strait Islander origin? Yes No Country of Birth? _____

Do you have any allergies or are you sensitive to drugs or dressings:

Yes (If yes please list below) No

Your Health History – Do you have or had a history of?

Chronic Illness _____ Hypertension _____

Asthma _____ Mental Illness _____

Diabetes _____ Other _____

Operations _____

Current Medications: (including over the counter medications, vitamins and minerals)

Immunisations up to date? Yes No Don't Know

Have you considered H1N1 (Swine Flu) vaccination? Yes No

Do you consent to us leaving a message on your phone stating that we are ringing from the medical practice?

Yes No

Signature: _____ Date: ____/____/____

If under the age of 16, parent or guardian to sign, stating relationship to patient)

All information disclosed in this form will be treated as confidential to the HealthHub Taree.