



WELCOME TO THE HEALTHHUB TAREE & HARRINGTON

New Patient Information Form



Mr/Mrs/Ms/Other..... Name:	Date of Birth:
Home Phone:	Work Phone:
Mobile: (SMS)	
Address:	
Email address:	
*Please write your Medicare /HCC/Pension card No. below or give to the reception to add to your records	
Medicare No:.....Ref No:.... Expiry Date.....	
Health Care /Pension Card..... Expiry Date.....	
DETAILS OF YOUR NEXT OF KIN and EMERGENCY CONTACT	
Name:	Contact No:
Relationship:	

Place of Birth:
 Australia: Other _____

Past health e.g. mental health, any surgery

Do you identify as
 Aboriginal
 Torres Strait Islander
 Both
 Neither

Date	Details

Are you a returning Medisense or Albert Street Medical Centre patient?
 Yes No

Are there any significant illnesses in your family? (e.g. Diabetes, early heart disease, cancer)

Do you have any allergies?

Medications: (including over the counter medications)

Do you consent to us leaving a message or SMS on your phone stating that we are from the medical practice, for reasons including appointment and reminders and results?

Yes No

I understand that doctors may use voice to text AI to generate the medical record notes obtained during the session. Personal information is treated with strict confidentiality and is securely stored and encrypted. Please refer to their policy for future information. www.lyrebird.com. The doctor will seek your consent at time of consultation.

By signing this document, you are stating you are aware we are a private paying practice, and you are responsible for all payments issued by the practice for both in person and phone consultations.

Signature: _____ **Date:** ____/____/____

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

All information disclosed in this form will be treated as confidential by the HealthHub Staff.

Last Updated: 8/2024