

PATIENT INFORMATION SHEET

Name: (Dr/Mr/Mrs/Miss/Ms) (first name) (surname)

Date of Birth:

Address:

Postcode:

Telephone: home work

other Preferred for

Confirming apts

Emergency contact

Contact No:

Medicare No: Exp Date: Ref No

Insurance/Workers' Compensation details (if applicable) Name of company: Address:

Claim No: Tel:

Contact person:

Referring Doctor:

Phone No:

Usual GP

(if different from above)

Phone

Signature for receiving

Doctor's information sheet

Can we leave messages to

Confirm appointments Yes No

Can we confirm/make

appointments with family

members Yes No

This Practice is committed to comply with the *Privacy Act 1988* and all amendments to the Act. The Practice will ensure respect for consumer privacy in handling all patient information. All reasonable steps will be taken to comply with the Act