Queen Street Medical Centre

New Patient Information Form

Mrs ☐ Mr ☐ Miss ☐ Master ☐ Dr ☐ Ms ☐

Family Name _____ First Name _____

Known As _____ D.O.B _____

Address _____

Phone Home _____ Mobile _____

Ethnicity: _____

Do you consent to SMS reminders ☐ Yes ☐ No

Email _____

Medicare No _____ (Ref No_____ Exp_____)

MyHealth electronic healthcare record (please tick) ☐ Already registered ☐ Please register me

Concessions (please tick) ☐ Pens:Age/DSP ☐ HCC ☐ Seniors Card (Exp_____)

Concession Card No _____ (Ref No_____ Exp_____)

DVA File No. _____ Entitlement No _____ EXP _____

DVA White Card (list conditions) _____

Allergies_____

Medications_____

Relevant Family History | Past History_____

_____

Alcohol ☐ yes ☐ no Tobacco ☐ yes ☐ no

Next of Kin | Emergency Contact

Name _____ Relationship _____

Address _____

Phone Home _____ Mobile _____

T: 02 4474 2222
F : 02 4474 4529
45-49 Queen Street,
Moruya NSW 2537

T : 02 4473 9911
F: 02 4473 9933
Shop 12 38-50 Evans Road
Tuross Head NSW 2537

T: 02 4471 5199
F: 02 4471 5799
33 Clarke Street
Broulee NSW 2537