BROKEN HILL GP SUPER CLINIC - PATIENT RECORD

Personal Details						**ENTERED BY** (Office Use Only)	**PATIENT ID** (Office Use Only)
Title (please tick)	☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Master	☐ Dr	☐ Other
Surname:			Given Names (in full):				
Date of Birth:			Known as:				
Sex: ☐ Male ☐ Female			Country of Birth:				
Marital status:	☐ Married	☐ De facto	☐ Never Married	☐ Divorced	☐ Separated	☐ Widowed	
Permanent residential address	Street/Road:						
Town/Suburb:			State:		Postcode:		
Phone: Mobile ***The practice sends SMS appointment reminders, please tick to opt OUT*** ☐	Work ( )		Home ( )				
Postal address (if different from above)	Street/Road:						
Town/Suburb:			State:		Postcode:		
Occupation:	Religion:						

Cultural Background		
☐ Aboriginal	☐ TSI	☐ Both Aboriginal & TSI
☐ Neither aboriginal nor TSI	Specify:	

Emergency Contact Person			
Name:		Relationship to client:	
Is this person for contact also the client's next of kin? ☐ Yes ☐ No (please also fill in the Next of Kin section)			
Street/Road:		Town/Suburb:	
State:	Postcode:	Is the contact a carer? ☐ Yes ☐ No	
Phone: Home ( )	Work ( )	Mobile	

Next of Kin (if different to your Emergency Contact Person)	Name:	
Street/Road:	Town/Suburb:	
Phone: Home ( )	Work ( )	Mobile

Other Client Information		
Medicare number: _ _ _ _ _ _ _ _ _ _ _ _ _	Position No.	Expiry Date: / /20
Pension number:		Expiry Date: / /20
Health Care Card number:		Expiry Date: / /20
Veteran's Affairs number: Expiry Date: / /20	Veteran's Affairs card colour: ☐ Gold ☐ White ☐ Orange ☐ Unknown	

Previous / Current General Practitioner			
Name/Practice Name:			
Street:		Town/Suburb:	
State:	Postcode:	Phone: ( )	Fax: ( )

Are you…	**Do you consent to…**
Attending this clinic solely? ☐ Yes ☐ No	Reminder/recall notices for Repeats and Health Care Promotions? ☐ Yes ☐ No
For the After Hours Clinic? ☐ Yes ☐ No (If Yes, your GP will need to be notified of your attendance today) Do you consent for this to happen? ☐ Yes ☐ No	If Yes, how would you like to be contacted?: ☐ Post ☐ SMS ☐ Email Email address if applicable:
To become a patient of the Practice? ☐ Yes ☐ No	