

Given Name/s:		Surname:	
Address:			
	postcode:		

Date of Birth:		Country of Birth:	
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		home	work	mobile
Contact Details:	Patient:			
Next of Kin: Name	Relationship to Patient			

Occupation:		Employer / School:	
email address:			

Medicare No:		Ref: (line no.)		Expiry date	
PRIVATE Health Fund:		Fund Membership No:			
Private Hospital Cover ?	yes	no	served qualifying period?	yes	no

Pension No:		Veterans Affairs:	
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Referring Doctor:		Suburb:	
Local / Family Doctor:		Suburb:	
Other Specialists involved in your care, eg Cardiologist etc:		Suburb:	

Medical Conditions	
Medications: (list all current)	
Allergies:	
Previous Surgeries: (list all)	
Anaesthetic: (list personal and/or family problems)	

LIFESTYLE	Smoking (cigarettes etc. per day average):	
	Alcohol (beer, wine, liquor average per week):	
	Sports involvement:	

Dr Graham Coombes and his staff respect and uphold the rights of all of patients to privacy protection under the National Privacy Principles contained in the Privacy Act 1988. The National Privacy Principles apply to us from their introduction on 21 December 2001. The Privacy Principles set the standards by which personal information is collected, handled, used and disclosed. As part of providing a quality health care service we need to take and maintain information of a personal nature in your medical file. This information is provided by you about you and is handled with the utmost respect for your privacy.

This information has been provided by me and now forms part of my medical records at the practice of Dr Graham Coombes.

Patient Name:

Date: