

# NORTHSIDE PLAZA MEDICAL CENTRE

This is not a Bulk Billing Practice.

Consultations are by appointment only and payment on the day would be appreciated.

## PATIENT HEALTH SUMMARY:

TITLE:..... FULL NAME: .....

D/O/B ...../ ...../ ..... Marital Status: Single/Married/Other .....

HOME ADDRESS: .....

.....

.....P/C..... Country of Birth .....

Postal Address if different from above:

..... P/C.....

Occupation: ..... Employer: .....

Home Phone No. .... Work Phone No. ....

Mobile No. .... Email: .....

Medicare Card No. .... Expiry Date: ..... Patient No. on card:.....

Do you identify as: Indigenous; TSI; Indigenous/TSI (please circle)

Next of Kin: Name: .....

Relationship: .....

Address and Phone No. ....

.....

SECOND Contact: ..... Phone No: .....

Pension Card CRN ..... Type..... Expiry Date .....

Health Care Card CRN ..... Expiry Date .....

Veterans Affairs : Gold Card / White Card Card No.....

Private Health Fund: .....

Do you know of any Allergies: Yes or No. If yes, please state reaction .....

This practice uses a **Patient Recall System**. Please indicate if you wish to participate: **Yes** or **No**

*Reminders are sent for smears, immunizations and other routine health checks.*

*Please read our Privacy Statement.*

*Please note we do not store Radiology Film. If you require your xrays please make sure you take them with you at the end of your consultation.*

This practice has an "Information Brochure" which we encourage all our patients to read so they are aware of the services we offer. Ask at Reception for a copy.

*How did you hear about Northside Plaza Medical Centre: Friend; Family Member, Local Paper, Yellow/White Page, Google, other.*