

# New Patient Details

Marsden Clinic

Please present Medicare card, concession card and photo ID for verification

Preferred Title:  Mr  Master  Mrs  Miss  Ms

Given Name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  Neither

Medicare No: \_\_\_\_\_ Ref no. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Concession Card No: \_\_\_\_\_ Pension card  Health care card  Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Email: \_\_\_\_\_

Do you consent to receive sms reminders and notifications?  Yes  No

Marital Status:  Single  Married  Widowed  Divorced  De facto  Separated

Occupation: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
If Born Overseas-Year of arrival to Australia: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Emergency Contact (other than NOK) : \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work No: \_\_\_\_\_

Ethnic  Caucasian  New Zealand Peoples  Polynesian  Indian

Background:  African  Middle Eastern  European  Asian  American Peoples

Spoken Language: \_\_\_\_\_ Preferred Language \_\_\_\_\_

Interpreter:  Yes  No Hearing impaired:  Yes  No

## Family History

Diabetes  Asthma  Hypertension  Cancer  Kidney Disease  Heart Disease

## Health History

Allergies: \_\_\_\_\_ Drug Reactions: \_\_\_\_\_

Smoker:  No  Yes Per day: \_\_\_\_\_ Years: \_\_\_\_\_ Alcohol:  No  Yes Frequency: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

**\*Please continue over page**

Do you give consent to your General Practitioner to upload your clinical information to your Digital My Health Record ?

Yes  No

Do you consent this practice using de-identified data for quality improvement? (ie: no name, date of birth etc)

Yes  No

Immunisations:

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Nurse Assessment:

B/P:

Pulse:

Height:

Weight:

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## **MEDICARE CONSENT- BULK BILL ASSIGNMENT FORM**

I assign my right to benefits to the providers at Marsden Clinic.

Dr James Boubaris	0392425T
Dr Kim Nolan	0592944F
Dr Mohammed Hussain	060811CK
Dr Sujata Guha	2803954J
Dr Shanmugam Balaji	452479PA

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Patient signature

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Date