

New Patient Details - Please complete prior to seeing Dr Graze



Mr/Mrs/Miss/Dr

Surname.....Given Names.....Middle Name.....

Address.....Suburb.....Postcode.....

Date of Birth/...../..... Home PhoneWork Phone.....

MobileEmail

I Consent to receiving **SMS** reminders & notifications Y / N

I Consent to receiving **Email** reminders& notifications Y / N

Emergency Contact.....Relationship.....

Emergency Contact Home Phone.....Mobile.....

Medicare Number..... **Ref(No. in front of your name)**..... ExpiryDate.....

IF PATIENT UNDER 18: Parent/Guardian Name

Parent/Guardian D.O.B. Medicare Ref No. *(in front of your name)*

Are you a member of a Private Health Fund – Y / N Hospital Cover – Y / N

Private Health Fund..... Member Number

Dept of Veterans Affairs NumberDVA Card Colour

Pension NumberExpiry Date

Name of Referring Doctor

Name of Usual General Practitioner.....

Are you a Work Cover Patient ? Yes / No

Work Cover Insurer DetailsClaim Number.....

Privacy Policy – Your Consent is required for this practice to disclose information to others involved in your health care management, including treating doctors and specialists outside of this practice, any medical tests or reports that are relevant to your ongoing treatment.

Patient/Guardian SignatureDate.....

How did you hear about us ?

Please complete page 2 overleaf for advisement of your Medical History...pg ½

PAST MEDICAL HISTORY - It is important to list relevant current or past conditions

CONDITION	Y / N	DETAILS
Heart/Vascular System		
Lungs		
Digestive		
Urinary		
DVT/Pulmonary Embolus		
Specific ongoing joints, muscles or bone issues		
Brain/Nervous		
Previous Hospitalisation/surgeries		
Diabetes		
Are you a smoker ? If so... How many per day ?		

Medications ? Do you have a current list of medications on your referral ? If not, please list

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APIXABAN (Eliquis) Y / N **RIVAROXABAN** (Xarelto) Y / N **CLOPIDOGREL** (Plavix/Iscover) Y / N
ASPIRIN Y / N **WARFARIN** Y / N **TURMERIC** Y / N **FISH OIL** Y / N

Family list of Medical Issues

Allergies.....

Do you have any religious beliefs that affect the use of a blood product ? Y/ N

OCCUPATIONRIGHT / LEFT HANDEDAGE.....