PATIENT INFORMATION FORM

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate. Please assist by completing below:

Morningside + Belmont General Practice Clinics

Title (please circle)	**Mr** **Mrs** **Ms** **Miss** **Mast**		
First Name			
Surname			
Date of Birth			
Medicare Card	**Number:**	**Ref #** (left of your name)	**Expiry date:**
DVA **Dept of Veteran Affairs**	**Gold / White** (Please circle) QX Number:	**Expiry Date:**	
Government Pension Card Number	Type: Aged / PPS / Disability	**Expiry Date:**	
Centrelink Health Care Card No.		**Expiry Date:**	
Street Address			
Suburb & Post Code			
Phone	Home:	Work:	
Mobile Phone			
Personal Email			
Emergency Contact	Full Name: Contact Number: Relationship to You:		
NOK (*please write 'as above' if same as Emergency Contact*)	Full Name: Contact Number: Relationship to You:		
Country of Birth			
Ethnicity/Religion			
Your Occupation			

Are you of Aboriginal origin? Yes / No **Are you of Torres Strait Islander origin?** Yes / No

Your Health Practitioner may wish to contact you by SMS or EMAIL for health reminders or if you need to follow up with your practitioner for test results. Please be aware with communication over email, we have limitations to our control over your privacy.

I agree to Morningside and Belmont General Practice communicating with SMS text message.	Yes / No	I agree to Morningside and Belmont General Practice communicating via. EMAIL.	Yes / No
I confirm that the mobile number held is correct and I will notify the practice of any changes.			Yes / No
I am aware that I can withdraw consent at any time by informing the Health Practitioner or the practice either verbally or in writing.			Yes / No
I agree that it remains my responsibility at all times to contact the practice regarding tests that have been ordered by my Practitioner.			Yes / No
I agree that I am responsible for my financial account and will pay for any private fees.			Yes / No

Signature:	**Date:**