



Metro on Beckett, 5 Canopus St, Bridgeman Downs Qld 4035  
Phone: 3166 9653 Fax: 3353 9989

## New Patient Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Ethnicity: Do you identify as  Aboriginal  Torres Strait Islander  Australian or  
other Culture \_\_\_\_\_ (please specify)

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Your Occupation: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ref number next to name on card \_\_\_\_\_ Expiry: \_\_\_/\_\_\_

Do you have Private Health Insurance? Yes \_\_\_\_\_ Fund Name: \_\_\_\_\_ NO \_\_\_\_\_

DVA(Veteran Affairs) Gold? \_\_\_\_\_ White? \_\_\_\_\_ Expiry \_\_\_\_\_

Special condition \_\_\_\_\_

Pensioner  or Health Care  Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

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

In Case of Emergency (ICE) Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

ICE contact phone number: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

How did you hear about this practice? \_\_\_\_\_

***By signing this form, you consent to the use of your personal health information and disclosure of your personal health information to Bridgeman Family Practice and other health providers involved in your medical treatment and health care. I also accept that I need to follow-up the results of any pathology or radiology testing by making an appointment within two days of performing them. These results will not be given over the phone. The Practice will only contact me if there is an urgent need to do so. We use an SMS reminder system for appointments, by signing this form you agree to the use of electronic reminder system. As part of the preventative health service offered by this practice, we send out follow up reminders & recalls to your registered address. \*If you do not consent to receive follow up reminders, recalls & SMS please advise your Doctor and they will record that on your clinical record\*.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (printed): \_\_\_\_\_